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LEICESTERSHIRE COUNTY COUNCIL

ANNUAL REPORT

OF THE MEDICAL OFFICER OF HEALTH FOR THE YEAR

1944

J. A. FAIRER, M.D., D.P.H., COUNTY MEDICAL OFFICER

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County Health Department,
17 Friar Lane,
Leicester.

Ir. Chairman, My Lord, Ladies and Gentlemen,

It is with pleasure that I submit my annual report on the vital statistics, health, and sanitary onditions of the County of Leicester for the year 1944.

In a report dealing with one of the most arduous years of the war, and published at a time hen a nation bent on social reform is busy planning for the future, it is perhaps appropriate to efine the ideals which must guide the public health authorities of the post-war world. Gone are e days when the medical officer of health was largely concerned with vital statistics, with idemic diseases and with the control of sanitary conditions. Gone, too, are the days when his ork lay solely within the province of preventive medicine. Preventive, it is true, much of his work ust be, for the importance of the prevention or early detection of disease cannot be over-stressed. ow, more than ever before, he must live up to his title, for he must think in terms of health and ot of disease. The ideal of to-day may be defined as the maintenance of every member of the mmunity, of every child and of every adult, in the optimum state of health which the most recent lvances of medicine and social science can achieve. Such a definition goes far beyond the bounds medicine, and factors such as education, nutrition, occupation, financial and social economics ust all play their part.

When the vital statistics of Leicestershire are considered, it is seen that the year 1944 has been nost remarkable one. The birth rate of 21.1 now stands at the highest level since 1921, and is preciably higher than that of 17.6 for the whole of the country.

The death rate of 11.18 is also favourable as compared with that for the whole of England and ales, and perhaps the most satisfying feature is the decrease in the proportion of deaths in ildren and young adults. Fifty-nine per cent. of the deaths were of people aged 65 or over.

The decline in the stillbirth rate and the infant mortality rate is also a particularly noteworthy ture. The infant mortality rate of 37.5 is the lowest ever recorded in Leicestershire, and is very nsiderably below that of 46 for the whole of England and Wales. During the war the decline in stillbirth rate has been even more marked than that of the infant mortality rate.

In connection with infant welfare, attention has been directed towards the problems of gitimacy and prematurity, and it is gratifying to note that the fall in the infant mortality rate s in large measure due to the decrease in the number of deaths of premature infants.

I cannot refrain from mentioning the remarkable fall in the incidence of diphtheria. There re only 61 proved cases and three deaths from this disease ; a happy contrast with the year 1942, en there were 27 deaths, or with the year 1920 when 50 people died of this disease. The effect of nunisation, and the contrast between the present and the past incidence of diphtheria is the oject of a special article by Dr. A. E. Martin on page 20. Credit must be given to the district dical officers of health, and to all who have taken part in the diphtheria immunisation npaign. The results are such as to make us re-double our efforts until every child is protected, the figures show how heavily the dice are weighted against un-immunised children.

In Leicestershire, as in other parts of the country there has been a considerable increase in ereal disease. Dr. Wilkie's report shows the importance of accurate diagnosis and of early cialist treatment ; the enthusiasm which he has thrown into the education of the public in these tters cannot be too strongly commended.

One aspect of the county's war-time service calls for particular comment. Each week an anised party of expectant mothers has been evacuated from London and has been accommoed either in pre-natal hostels or in private billets. The mothers subsequently had their finements in one of the three emergency maternity homes, and 1,554 babies were born in these nes during the year. This number testifies to the amount of work performed, and in this contion I must refer to the energetic work of Mr. W. W. Baum, who, in addition to his other ies, has acted as steward to these homes since their inception.

During the war many additional burdens have fallen upon my staff, and it is with a feeling of titude that I must draw attention not only to the genuine hard work which has been the conution of each individual member, but to the happy spirit of co-operation which has prevailed oughout. I am particularly indebted to Dr. A. E. Martin who has devoted so much time and ught to the compilation of this report.

In conclusion I must express my appreciation of the unfailing interest and loyal support ch the chairman and members of the committee have continued to afford me.

I have the honour to be,

Your obedient servant,

J. A. FAIRER,
County Medical Officer.

REPORT.

GENERAL STATISTICAL SUMMARY FOR THE COUNTY.

Area in acres .. .. .. Urban 56,860 } Rural 458,548 } 515,40
Population (Census 1931, adjusted for subsequent changes in boundary) :
Urban 133,227 } Rural 150,690 } 283,91
Population, Registrar-General's estimates of resident population, 1944 :
Urban 146,320 } Rural 164,060 } 310,38
Population of area covered by County Maternity & Child Welfare Authority, 1944 267,25
Rateable value at 1st April, 1944 .. .. £1,611,79
Sum represented by a penny rate, year 1944-45 .. .. £6,31

Vital Statistics.

BIRTHS :

Live Births :	Male	Female	Tot
Legitimate	3,169	2,982	6,15
Illegitimate	199	186	38
Total live births	3,368	3,168	6,53

Birth rate per 1,000 population 21.06
Legitimate birth rate per 1,000 population 19.82
Illegitimate birth rate per 1,000 population 1.24
Illegitimate births per 1,000 live births .. 59

Stillbirths :
Legitimate .. 155 Illegitimate .. 22 Total .. 17
Stillbirth rate per thousand population 0.57
Stillbirth rate per thousand total, live and still births 26.4
Illegitimate stillbirth rate per thousand total illegitimate, live and still, births .. 54

DEATHS :

Total civilian deaths 3,470
Crude death rate 11.18

Deaths from puerperal causes :
Sepsis 5 Other causes 9 Total 14
Maternal mortality rate per 1,000 total, live and still, births 2.07

Deaths of infants under one year of age :
Legitimate 228 Illegitimate 17 Total 245
Infant mortality rate per 1,000 live births :
Legitimate .. 37.1 Illegitimate .. 44.2
Total rate per 1,000 live births 37.5

Deaths from diphtheria (all ages) .. ..
" " " (under 5 years) .. ..
" " " (over 5 and under 15 years) .. ..
" " measles (all ages) .. .. N
" " whooping cough (all ages) 1
" " diarrhœa (under 2 years) 2
" " pulmonary tuberculosis (all ages) 11
" " non-pulmonary tuberculosis (all ages) 3
" " cancer (all ages) 51

VITAL STATISTICS DURING WAR-TIME.

During the past five years the rates of internal migration have shown a marked increas throughout the country as a whole. The evacuation scheme, the transfer of industrial worker the demands of the services and the consequent disorganisation of family life, have all combine to produce a more fluid and unstable population, and, in some districts, very large changes i population have occurred within short spaces of time. The last census was taken in 1931, an there is no recent accurate information concerning the age distribution of the population. A any changes in the vital statistics of an area should be considered in conjunction with variatio occurring in the relative size of the various age groups, it is difficult to apportion the exac significance attributable to the changes taking place.

The special rules adopted by the Registrar-General for the recording of vital statistic during war-time have been fully described in my annual reports for the years 1939-42. Briefl the statistics of population, and those used for the calculation of birth and death rates, ref only to civilians, and details relating to members of H.M. Forces, both males and females, an to the ancillary nursing services, are excluded.

Registrations of both births and deaths are transferred to the area of usual residence. I the case of evacuees this usually means the area from which they have been evacuated, but i n increasing number of cases, people who have entered the area on account of war-time onditions have now acquired local interests and are, therefore, regarded as local residents.

Infectious disease statistics of notifications, and of admissions to hospitals, include both sidents and evacuees, but exclude non-civilian cases.

BIRTHS.

The number of births has shown a further substantial increase and the county birth rate of .1 represents a rise of 42 per cent. compared with the mean county rate of 14.9, for the five ars (1934-8) immediately prior to the war. The birth rate for Leicestershire now stands at the ghest level since 1921, and a comparison with the national birth rate for England and Wales nphasises the magnitude of the increase which has taken place in this county. Thus the birth te for England and Wales for the year 1944 is 17.6, and while this is the highest figure recorded ice 1926, it represents an increase of only 19 per cent. on the mean national birth rate of .8 for the five years, 1934-8.

The total number of live births in the county during 1944 was 6,536, and of these, 3,368 re males, and 3,168 were females, a ratio of 106.3 male to 100 female births.

Out of the total of 6,536 live births, 385 were illegitimate as compared with 320 out of the 02 total live births in 1943. Not only has the rise in the county birth rate been accompanied a corresponding increase in illegitimacy, but the actual proportion of illegitimate births has creased. Thus the illegitimacy rate for 1944 was 58.9 per thousand live births whereas in 1939 e corresponding rate was 33.0.

The following table shows the number of births and the corresponding birth rates during ent years :—

Births.

Year	URBAN		RURAL		WHOLE COUNTY		Rate for England and Wales
	No.	Rate	No.	Rate	No.	Rate	
1940	2275	15.4	2449	14.9	4724	15.1	14.6
1941	2349	15.1	2453	14.2	4802	14.6	14.2
1942	2718	18.1	2790	16.6	5508	17.3	15.8
1943	2930	19.9	3172	19.2	6102	19.6	16.5
1944	3120	21.3	3416	20.8	6536	21.1	17.6

INFANT MORTALITY.

There were 245 deaths in infants under one year of age during 1944, and the reduction in infant mortality rate from 42.1 in 1943, to 37.5 in 1944 is very satisfactory. The rate for the nbined rural areas with a population of 164,060 has fallen to 35.7 ; and the decline in the gitimate infant mortality rate to 44 per thousand illegitimate live births is also noteworthy.

It is of interest to compare the infant mortality rates for Leicestershire and for the whole England and Wales during 1944. Had the national rate of 46 prevailed in Leicestershire there uld have been an additional 46 deaths of infants under one year of age.

Infant Mortality.

Year	URBAN		RURAL		WHOLE COUNTY		Rate for England and Wales
	No.	Rate	No.	Rate	No.	Rate	
1940	112	42	127	50	239	46	55
1941	159	59	106	41	265	50	59
1942	146	54	111	40	257	47	49
1943	134	46	123	39	257	42	49
1944	123	39	122	36	245	37	46

ths of Neo-natal and Premature Infants.

During the first year of life environment exerts its greatest influence on the older infants a higher proportion of inevitable deaths occur during the first month of life. The continuous line in the nation's infant mortality rates has to a large extent been the result of improve-nts in the mortality of infants aged from 3-12 months, and in comparison with these, the tality rates of infants during the first month of life have fallen but little.

In considering neo-natal mortality it is satisfactory to find that in Leicestershire during 4 there has been a very definite fall in the deaths of premature infants. Sixty infant deaths e certified as due to prematurity, giving a rate of 9.2 deaths per 1,000 live births. This is a very ked improvement as compared with the corresponding rate of 14.7 during the previous year.

STILLBIRTHS.

During 1944 there was a total of 177 stillbirths, 22 of which were illegitimate. Express as a rate per thousand total population, the Leicestershire stillbirth rate of 0.57 is rather high than that of 0.50, the corresponding rate for the whole of England and Wales. The differen is less than would be expected when considered in conjunction with the higher birth rate n prevailing in Leicestershire as compared with the whole country.

For most purposes the stillbirths are more conveniently expressed as a rate per thousa total, live and still, births, and when calculated in this manner it is seen that the Leicestersh rate 26.4 shows a slight improvement compared with the corresponding rate of 29.3 for t previous year. During recent years the stillbirth rate has been gradually declining, and the r for 1944 shows a substantial reduction in contrast to the rate of 37.9 which is the mean for t five years 1934-8.

In contradistinction to the general reduction in the stillbirth rate, the proportion illegitimate stillbirths has shown a tendency to increase, and in 1944 there were 54 illegitim stillbirths per thousand illegitimate live and stillbirths.

It might be expected that the stillbirth rate would be more stable and less likely to influenced by environment than would be the case with the infant mortality rate. It is, therefo rather surprising to find that, in Leicestershire, comparing each of the last two years with t five years immediately preceding the war, the improvement in the stillbirth rate has been rat more marked than the improvement in the infant mortality rate.

DEATHS.

There were 3,470 deaths in Leicestershire during 1944 as compared with 3,525 during preceding year, and the crude death rate of 11.18 is substantially the same as in 1943. Compa with the rate for England and Wales both figures are slightly less than the corresponding natio figures.

The relative increase in the proportion of deaths in old people has continued. Thus, dur 1944, 59% of the total deaths were in people aged 65 or over, and the total number of deaths this terminal age group was 2,047 as compared with 1,968 during 1943. In contrast the num of deaths in children under 15 declined from 380 during 1943 to 341 in 1944, and the num of deaths in adults aged 15-64 fell from 1,177 to 1,081.

Deaths.

Year	URBAN		RURAL		WHOLE COUNTY		Rate for England and Wales
	No.	Rate	No.	Rate	No.	Rate	
1940	1809	12.21	2072	12.65	3881	12.44	14.3
1941	1795	11.54	1847	10.68	3642	10.99	12.9
1942	1569	10.45	1730	10.30	3299	10.37	11.6
1943	1657	11.28	1868	11.31	3525	11.29	12.1
1944	1608	11.00	1862	11.35	3470	11.18	11.6

Causes of Death at various ages.

In children aged from 1-4 years, of the 53 deaths, 11 were caused by tuberculosis, and of these were the non-pulmonary type of infection. In order of magnitude, road traffic accid and other forms of violence took second place with 9 deaths ; pneumonia caused 6, and whoop cough 5 deaths.

Only 43 deaths occurred in children aged from 5-14 years, and of these 12 were du road traffic accidents and other forms of violence, 7 to tuberculosis (all non-pulmonary) 6 to appendicitis. As compared with the years immediately prior to the war, the decline in number of childhood deaths from diphtheria and pneumonia is particularly satisfying.

Of the 1,081 deaths in adults aged from 15-64, the greatest number, 326, was du diseases of the heart and circulatory system. Cancer, with 233 deaths took second place, tuberculosis, with 137 was third : 120 of these deaths were due to pulmonary and 17 to r pulmonary tuberculosis. Deaths due to violence occupied fourth place, and were the caus 79 deaths. In this age group only 33 deaths were due to bronchitis and 28 to pneumonia.

Of the 2,047 deaths in people aged 65 and over, 1,054 were due to diseases of the heart circulatory system, 277 to cancer, 148 to bronchitis and 55 to nephritis. Only 44 were du violence, 32 to pneumonia and 21 to influenza ; tuberculosis was certified as the cause in three cases.

The full summary of the various causes of deaths, sub-divided into age groups wil found in Table 5 of the Appendix.

COUNTY LABORATORY.

The following is a summary of examinations carried out during the year :—

Bacteriological milk examinations	2,950
Swabs for diphtheria	1,836
Sputa for tubercle bacilli	1,244
Sewage and water analyses	490
Urine, general and bacteriological	264
*Wasserman tests	255
Phosphatase tests	244
Urine for tubercle bacilli	184
Films for gonococci	54
Blood counts	36
Milk for fat content	23
Miscellaneous	153
Total examinations	7,733

* Specimens for the Wasserman reaction are sent to the Leicester Royal Infirmary.

k Examinations.

A total of 2,950 samples of milk was examined with results as follows :—

Class of Milk	Satis-factory	Not satis-factory	Percentage satis-factory	Pasteur-ized	Total
Accredited producers	629	255	72.0	—	884
Prospective accredited producers . .	105	10	91.3	—	115
Urban and Rural Districts . .	1029	214	82.8	160	1403
Schools . .	112	50	69.1	111	273
Public Assistance Institutions . .	7	4	63.6	2	13
Tuberculin Tested producers . .	99	23	81.1	—	122
Prospective T.T. producers . .	23	—	100.0	—	23
Miscellaneous . .	44	73	37.6	—	117
Totals . .	2048	629	76.5	273	2950

The percentages found unsatisfactory should not be regarded as representative for the county, it is the custom for samples to be taken more frequently from farms producing milk of ubtful quality.

The samples received from urban and rural districts were usually examined on the day production and the high percentage found satisfactory is not, therefore, strictly comparable th the results from samples examined in accordance with the Milk (Special Designations) gulations.

Phosphatase tests have been carried out on the samples of heat treated (pasteurized) milk bmitted. The results have been as follows :—

Group I (2.3 Lovibond blue units or under)	Group II (2.4 to 6 Lovibond blue units)	Group III (Over 6 Lovibond blue units)	Total
223	11	10	244

Group I is a negative phosphatase test and indicates that the milk has been sufficiently at treated. Groups II and III are positive, Group II indicating either an insufficient temperature holding time or alternatively the addition of a small quantity of raw milk, and Group III licates that either the milk is grossly under treated or that it contains an appreciable quantity raw milk.

An additional test for heat treated milk has been in use since April, 1944. The milk is kept room temperature (approximately 65° F.) until the next morning, and then subjected to a thylene blue test for half an hour. The results of this test have been as follows :—

Satisfactory	148
Not satisfactory	50
Total	198

Diphtheria.

Of a total of 1,836 swabs examined for diphtheria, only 18 were positive. Gene practitioners submitted 739 swabs, isolation hospitals 595 and the Saturday Hospital Society 5

Tuberculosis.

1,244 specimens of sputum were examined, 192 of which were positive ; and 184 samp of urine, of which 8 were positive.

MATERNITY AND CHILD WELFARE.

The Leicestershire Maternity and Child Welfare Committee covers the entire administrat county with the exception of Loughborough Municipal Borough (population 33,150) a Market Harborough Urban District (population 9,972) both of which are separate matern and child welfare authorities. The Leicestershire committee, therefore, serves an area witl population of 267,258.

ANTE-NATAL SERVICES.

Ante-Natal Examinations by General Practitioners.

During the year the total number of expectant mothers referred by midwives to gen practitioners under the county council's scheme was 687, and of these 280 had two medi examinations, 109 one examination, and in the remaining 298 no claim was received from doctor.

Ante-Natal Clinics.

The attendances at the four ante-natal clinics were as follows :—

	Coalville	Hinckley	South Wigston	Wigston Magna	Total
(*a*) No. of Sessions	67	70	33	35	205
(*b*) No. of expectant mothers who attended during year.. ..	342	397	152	107	998
(*c*) Total number of attendances	1,098	1,335	599	490	3,522
(*d*) Average attendance per session	16.4	19.0	18.1	14.0	17.2
(*e*) No. of women post-natally examined (included in (*b*) above)	3	24	17	7	51
(*f*) Total number of attendances of women post-natally examined (included in (*c*) above)	3	26	20	9	58

Dental Treatment for Expectant and Nursing Mothers.

During the year 24 patients were given dental treatment under the county scheme.

Ante-Natal Services in Loughborough and Market Harborough.

The Loughborough and Market Harborough Maternity and Child Welfare Commit have each organised an ante-natal service for their respective areas.

MIDWIFERY AND MATERNITY SERVICES.

Number of Midwives Practising.

The total number of midwives notifying their intention to practise in the administra county was 240 as compared with 246 in the previous year ; 16 midwives left the county du the year. All these 240 midwives held the certificate of the Central Midwives' Board. shortage of trained midwives, both in institutional and in domiciliary practice, continues t acute, as in addition to the diminishing number of midwives in practice, the total numbe births in the county again shows an increase as compared with the previous year.

Inspection of Midwives.

The inspection of midwives in the county is carried out by the superintendent health vis and the superintending staff of the County Nursing Association. The inspectors made visits during the year. In no case was it necessary to report any breach of the rules eithe the local supervising authority or to the Central Midwives' Board.

Number of Cases attended by Midwives.

A total of 7,070 cases was attended in the county during the year. Of this number, 4 were taken by the midwife alone, and in the remaining 2,512 cases a doctor was als attendance.

Notifications received from Midwives.

The following returns were received from the county midwives during the year :—

Medical help records		785
Notice of liability to be a source of infection		109
"Laying out of the dead" records		70
Notice of death of mother or child	child	24
	mother	3
Still-birth records		48
Notice re artificial feeding		147

ledical Help Requests.

The proportion of requests for medical aid, to the number of midwifery cases attended, as 17.2 per cent.

The chief causes for the requesting of medical help for the mother were :—ruptured erineum 307, difficult labour 115, malpresentation 48, ante-partum hæmorrhage 27, adherent lacenta 26, raised temperature 25, miscarriage 24, poor general condition of mother 18, ost-partum hæmorrhage 16, albuminuria 11, abortion 7.

The chief causes for the requesting of help for the child were :—discharge from the eyes 67, ebleness 27, prematurity 23, rashes 16, abnormalities 14, phimosis 3.

During the year 468 claims from doctors, for help requested by midwives, were passed r payment.

COUNTY MIDWIFERY SERVICE.

The service has continued to be administered through the Leicestershire County Nursing ssociation.

The following table summarises the work done by the county council whole-time midwives :

Analysis of Work done by County Council Whole-time Midwives.

District	No. of Mid-wives	Cases Booked		Cases Completed		Cases Can-celled	Visits Paid	
		Mid-wifery	Mater-nity	Mid-wifery	Mater-nity		Ante-Natal	During Puer-perium
Hinckley ..	3	250	27	260	33	15	1,448	5,560
Coalville ..	5	248	161	227	143	25	1,879	7,174
Melton Mowbray ..	2	70	45	77	50	15	830	2,342
Donisthorpe	1	44	13	48	16	1	191	1,004
Total ..	11	612	246	612	242	56	4,348	16,080

oughborough and Market Harborough.

The Loughborough Municipal Borough employ 3, and the Market Harborough Urban istrict Council 1, whole-time midwives. These appointments are made in conjunction with the ounty Council.

istrict Nursing Associations.

During the year, 89 district nurse-midwives employed by 78 district nursing associations, addition to their general district nursing duties, have taken 1,346 midwifery and 873 maternity ses.

MATERNAL CARE.

laternal Mortality.

The total number of deaths in the county classified under the head of maternal mortality as 14 ; of these 5 were due to sepsis.

The maternal mortality rate per thousand births was 2.07.

rovision of Consultants.

During the year consultants were called under the Maternity and Child Welfare Committee's heme to 4 complicated cases. In addition 29 cases from ante-natal clinics were referred for a nsultant's opinion.

irth Control.

In 42 cases where it was considered that child-bearing would be dangerous to the health life of the mother, medical certificates were granted enabling the patient to seek advice at the eicester City Birth Control Clinic.

INFANT WELFARE CENTRES.

A total of 1,027 meetings was held during the year.

In addition to seeking advice on medical, nursing and dietetic subjects, many mothers ought a variety of social problems to the doctors and nurses at the centres. The range of bjects for which mothers seek assistance is astonishing, and without doubt the work of the elfare centres has contributed materially to the maintenance of the health of mothers and ildren throughout the war.

Statistics.

	Year 1944	Year 1943
Number of mothers and children on the register :—		
Mothers	6,750	5,511
Infants under one year	4,825	4,010
Toddlers	3,686	2,918
Total attendances :—		
Mothers	62,831	55,054
Infants under one year	39,143	34,376
Toddlers	27,614	25,092
First attendances :—		
Mothers	3,705	2,743
Infants under one year	3,405	2,616
Toddlers	579	387
Total number of weighings by health visitors	38,595	52,811
Number of children examined by the medical officers :—		
First examinations	2,725	2,175
Total examinations made	5,557	4,755

The principal defects observed by the medical officers were :—skin conditions 278, gastr disorders 201, umbilical hernia 175, phimosis 171, bronchitis 131, eye conditions 99, diarrhœa 7 rickets 53, congenital deformity 52, strabismus 48, anæmia 36, enlarged tonsils and/or adenoid 29, nose and throat defects 21, hernia 20, congenital heart disease 18, threadworms 18.

Table of Attendances at Infant Welfare Centres.

Centre	Average Attendances Year 1944		Average Attendances Year 1943	
	Mothers	Children	Mothers	Children
Anstey	54.0	59.1	41.8	42.8
Asfordby	49.4	62.7	38.1	48.3
Ashby-de-la-Zouch	94.5	75.8	84.2	74.1
Barrow-on-Soar	31.9	35.4	31.7	35.5
Barwell	35.2	54.0	41.0	44.0
Birstall	49.0	50.0	42.1	44.0
Blaby	65.0	65.9	56.0	62.0
Braunstone (County)	100.6	107.8	83.1	84.9
Coalville	71.3	95.3	50.3	53.6
Cosby	31.3	28.4	25.2	27.1
Desford	61.3	63.1	59.4	62.3
Earl Shilton	70.8	77.8	72.2	77.1
Enderby	33.1	38.7	37.6	42.7
Glenfield	65.0	67.7	58.5	60.8
Hinckley	142.1	148.2	123.4	125.4
Hugglescote	30.0	31.1	26.2	28.4
Ibstock	56.6	55.6	52.5	53.4
Kegworth	38.2	41.2	37.9	38.0
Kibworth	33.8	36.2	23.7	27.5
Lutterworth	54.4	55.7	50.7	51.1
Melton Mowbray	75.6	82.0	73.7	81.7
Mountsorrel	76.4	93.2	59.4	73.1
Narborough	41.1	46.0	24.7	28.2
Oadby	55.8	39.5	46.7	47.7
Quorn	39.4	41.4	36.9	47.4
Rearsby	27.2	34.8	26.4	30.8
Rothley	64.1	56.6	52.6	49.5
Shepshed	50.0	52.1	32.9	35.2
Sileby	104.5	117.7	85.8	94.2
South Wigston	69.1	73.8	68.8	70.6
Syston	54.1	61.7	49.3	55.2
Thurmaston	24.3	27.3	26.7	31.3
Whetstone	25.7	27.6	19.2	19.2
Whitwick	52.3	52.8	47.3	47.1
Wigston Magna	68.3	65.9	57.4	62.0
Wigston (Central)	57.0	59.8	27.5	29.5

THE CARE OF PREMATURE INFANTS.

The most spectacular results producing a fall in the infant mortality rates, have in the past een brought about by improvements in environment and social conditions, by the education rovided by health visitors and infant welfare centres, with the object of seeing that infants are eing properly nourished and cared for. When, however, the first month of life is considered it found that the neo-natal mortality rate has not fallen to the same extent as the mortality rates lating to infants who are slightly older. Some of the neo-natal deaths are undoubtedly inevitable, id are due to severe congenital deformities and other conditions which are incompatible with a ntinued existence. A number of deaths, however, are due to weakness and prematurity, and it obvious that the most careful medical and nursing attention should be available to each to isure that the maximum number of children survive and are given every assistance in developing normal strength and physique.

The problems have recently been considered by the Minister of Health's Advisory Committee the Welfare of Mothers and Young Children, and the committee's recommendations form e basis of Circular 20/44 issued by the Ministry on 22nd March, 1944. The Minister states at although he recognises that it will not be possible at the present time for welfare authorities deal adequately with these recommendations, he thinks it desirable to bring them to the tice of the welfare authorities in order that they may take such action as is practicable under esent conditions, and to bear the outstanding points in mind in considering possible future velopments of their services.

In accordance with the suggestions in the Ministry's circular, arrangements have been made keeping accurate statistical records relating to the births and birth-weights of premature ants, and of all infants weighing 5½ lbs. or less at birth. The welfare authorities of Leicester ty, Loughborough Municipal Borough, and Market Harborough Urban District have llingly co-operated in arranging for the interchange of the necessary information in the cases ere the birth occurs in the area of an authority other than that in which the mother usually ides. It is hoped that the scrutiny of these records will give more detailed information conning the incidence of prematurity, and will furnish clues which will be of assistance in reducing neo-natal mortality rates. In the meantime the health vistors and other officers whose duty s to supervise the health of newly born infants, are all fully aware of the need for ensuring that the necessary assistance is available for dealing with premature and other infants who are lerweight, or weakly at birth.

THE CARE OF ILLEGITIMATE CHILDREN.

In normal times difficulty was always experienced in connection with the supervision and e of illegitimate children, and since the outbreak of war, not only has there been a rise in illegitimate birth rate, but the social problems associated with overcrowded home conditions, shortage of lodging accommodation, the need for the employment of women and the iculty of obtaining suitable food and clothing have all had an adverse effect.

Circular 2866 of the Ministry of Health, dated 1st October, 1943, drew the attention of fare authorities to the situation and pointed out that while there could be no complete solution he problem, a promising line of approach was by the co-operation of welfare authorities voluntary agencies and with the moral welfare workers attached to the diocesan and other gious bodies. Welfare authorities were asked to formulate schemes for the supervision of gitimate children, and to submit them for the approval of the Minister.

In Leicestershire a scheme was accordingly proposed with the co-operation of the Leicester cesan Moral Welfare Association, and in conjunction with the Councils of the Municipal ough of Loughborough and the Urban District of Market Harborough. It received the roval of the Minister of Health, and came into operation on April 1st, 1944.

The scheme is based primarily upon the health visitor for each area of the county, who ervises the health of mother and child, and gives all the advice and assistance within her er. Where, however, the health visitor encounters social or moral difficulties, or where stance is required in obtaining affiliation orders, or in matters regarding employment, gings, legal adoption and other questions with which she is unable to deal, the assistance of Leicester Diocesan Moral Welfare Association is sought. A register is kept of all illegitimate is occurring in the county, and lists of these births are supplied to the secretary of the Moral fare Association, and in return the association supplies reports on the cases dealt with by its ial welfare officers. An expenses grant of £150 per annum is paid to the association by the e authorities concerned, the proportionate cost being divided according to the corrected al numbers of illegitimate births in the area of each welfare authority.

The Leicestershire scheme has proved to be very satisfactory ; on the one hand the health ors with their local knowledge are undoubtedly the most competent officers for carrying outine inquiries and for giving advice on matters within their province of duty, while on the r hand the officers of the Moral Welfare Association have the specialised knowledge to with the types of problem for which their assistance is sought.

There was a total of 385 illegitimate births in the County of Leicester during 1944, and of these occurred in the area covered by the Leicestershire Maternity and Child Welfare iority. The reports of the Leicester Diocesan Moral Welfare Association show that a of 88 expectant mothers and 38 mothers and babies were referred to them during the nine ths commencing April 1st, 1944.

ADOPTION OF CHILDREN.

The Adoption of Children (Regulation) Act, 1939 came into force on the 1st June, 194 and was designed to ensure that as far as it is practicable the adoption of any infant shall carried out in a manner most beneficial to the child, and to prevent the trading in young childre by a third party whose sole object is to make money by this traffic in young lives.

In Leicestershire many adoptions are arranged either through the national adoptio societies or by the Leicester Diocesan Moral Welfare Association, and in these cases the mo careful inquiries are made and precautions taken to ensure that the proposed adoption will in the best interests of both the children and the prospective parents. Every possible assistan is given by the officers of the health department to the various adoption societies.

Under Section 7 of the Act it is the duty of any person (other than the child's parents guardian or person with whom the child is placed) who participates in the arrangements for t placing of the child, to notify in writing the welfare authority of the area in which the child to be placed. No notification has yet been received in Leicestershire under this section of t Act, although one case was brought to the notice of the authority where a third party, owi to a misunderstanding omitted to forward the necessary notification.

CHILD LIFE PROTECTION.

The following is a summary of the changes in the register of foster-children during 1944 :

No. of cases on register on 31st December, 1943	54
„ of new cases	11
„ returned to parents	5
„ attained nine years of age	4
„ left county	—
„ transferred to new foster-parents	5
„ legally adopted	4
„ of cases on register on 31st December, 1944	47

Separate registers are maintained by the Loughborough and Market Harborough Materni and Child Welfare Authorities.

NURSING HOMES.

During 1944, two new applications were received for registration, and four homes we discontinued. On 31st December, 1944, there were on the register for the county, 1 nursi home, 6 maternity homes and 4 combined nursing and maternity homes.

HEALTH VISITORS.

The following is a summary of the work of the health visitors. Duties in connection w the school medical department are not included.

Children under 12 months:—	
First visits	6,280
Subsequent and special visits	23,744
Children 1-5 years	38,417
Total ..	68,441
Tuberculosis :—	
First visits	241
Subsequent and special visits	3,113
Total ..	3,354
Attendances at infant welfare centres	1,104
„ at ante-natal clinics	232
„ at tuberculosis dispensaries	353
„ at orthopædic clinics	183
Pre-natal visits	1,492
Other visits : re Stillbirths	157
„ Child-life protection	166
„ Boarded-out children	122
„ Ophthalmia neonatorum	11
„ Puerperal pyrexia	7
„ Nursing homes	10
„ Practising midwives	293
Special visits	273

The change in social conditions resulting from the war has produced a considerable incre in the work of the health visitors. There is now a greater number of children under one year age, more time has to be devoted to the welfare of both illegitimate and premature infants, a particular attention has also to be given to child life protection cases. Danger always exists wh a child, often illegitimate, is boarded-out with a foster-parent by a young, inexperienced, a all impecunious, mother, and where the relationship between the mother and foster-par s mainly, if not entirely, a financial one. In addition the evacuation scheme, the shortage of ıousing accommodation, and the high proportion of mothers who are working, have all ›roduced a wide variety of problems and the advice and help of the health visitor has proved ›f valuable assistance.

The policy of combining the work of health visitor, school nurse and tuberculosis visitor nd the making of a single appointment for each district has proved singularly successful. In ddition to gaining a wider range of experience, the health visitor develops a very detailed knowedge of the conditions in her area ; she cultivates the friendship and has a recognised status mongst the mothers. During recent years there has been a tendency in many parts of the ountry to appoint many different types of social visitors and welfare officers. This may be ecessary in certain work such as visiting venereal disease contacts where special qualifications r experience is necessary, but in general the number of officers visiting a family should be kept s low as possible. Where special reports are required, the health visitor from her wide range f contacts and from her intimate knowledge of each family in her district, can usually give at hort notice detailed information which would be difficult to obtain from any other source.

There are at present 21 health visitors in the county, and the increase in the variety of work nd the number of families with which they have to deal makes it difficult to cover the county dequately. Some health visitors have from 1,500 to 2,000 children under 5 years of age on their ooks, and where health visitors have retired during the past year, the difficulty in obtaining taff replacements has been such that several areas were without a health visitor for periods of ›ur and five months.

VACCINATION.

The districts of the public vaccinators in the county number 30, and those of the vaccination fficers 15.

The following is a summary of the vaccination officers' returns which are rendered to the egistrar-General respecting the vaccination of children whose births were registered between ınuary 1st and December 31st, 1943 :—

(1) No. of births entered in birth lists as registered during 1943		6,529
(2) Statement relating to the above births on 31st January, 1945 :—		
(*a*) No. successfully vaccinated	990	
(*b*) No. insusceptible of vaccination	6	
(*c*) No. had smallpox	Nil	
(*d*) No. of statutory declarations received	4,699	
(*e*) No. died unvaccinated	188	
(*f*) No. temporarily unaccounted for	395	
(*g*) No. otherwise accounted for	251	6,529
(3) No. of cases of children successfully vaccinated after statutory declaration had been received (included in sub-heading '*d*')	10	
(4) Total number of certificates of successful primary vaccination of children under 14 years of age received during the year 1944	1,229	
(5) No. of certificates of successful primary vaccination sent to other districts (included in heading 4)	132	
(6) Total number of statutory declarations actually received during the year 1944	5,131	

EMERGENCY SERVICES.

EMERGENCY MATERNITY SERVICE.

The scheme for the evacuation of expectant mothers has continued successfully and the ›llowing is a summary of the work performed at the three emergency maternity homes during ıe year :—

		Lockington.	*Oadby.*	*Whatton.*	Total.
No. of beds		49	25	40	114
No. of patients admitted		597	427	609	1,633
No. of babies born :	Male	299	216	296	811
	Female	265	196	282	743
	Total ..	564	412	578	1,554

	Lockington.	*Oadby.*	*Whatton.*	Total.
No. of twins	2 prs.	6 prs.	1 pr.	9 prs.
No. of stillbirths	17	9	7	33
No. of infant deaths	5	3	6	14
No. of miscarriages	Nil	Nil	Nil	Nil
No. of maternal deaths	Nil	Nil	1	1

The total number of infants born in these maternity homes up to the end of December, 1944, as 5,808, of which 3,021 were males and 2,787 were females.

The pre-natal hostel at Lockington Lodge has accommodation for 16 patients ; during e year 185 expectant mothers passed through the hostel making a total of 255 admissions ıce the hostel was opened in August 1943.

NURSERY CENTRES.

War-time Day Nurseries.

War-time nurseries have been provided at Braunstone (Ravenhurst Road), Castle Donington, Hinckley, Melton Mowbray, South Wigston, Syston and Wigston Magna.

With the exception of Castle Donington, these are all provided in areas where there is an acute shortage of labour ; each provides accommodation for 40 children (15 under 2 years and 25 between 2 and 5 years of age), and all of these nurseries have been well patronised throughout the year.

The nursery at Castle Donington accommodated 27 children, and was provided under the evacuation scheme on account of the number of mothers with young children evacuated to that part of the county. The need for this nursery declined during 1944, since many of the children for whom it was provided had reached school age, and others had returned to London. The nursery was accordingly closed on 31st December, 1944.

Residential Nurseries.

Under the Government evacuation scheme residential nurseries are administered by various voluntary bodies, and a general power of supervision is exercised by the County Council. Where necessary, advice is given on such matters as equipment, feeding and control of infection, and periodical medical and dental inspections are arranged.

In Leicestershire five residential nurseries were in operation during 1944, and one of these was closed at the end of the year.

EVACUATION HOSTELS AND CLINICS.

A description of the work of the hostels and clinics which have been established for evacuees is given in the annual reports of the school medical department for the years 1941-4.

SANITARY CIRCUMSTANCES OF THE AREA.

RAINFALL IN 1944.

The following table gives details of rainfall at the Sewage Farm, Wigston, and I am indebted to Mr. G. F. Stacey, Surveyor to the Wigston U.D.C., who kindly supplied these figures.

Month	Total depth	Greatest fall in 24 hours		No. of days with 0.01 in. or more	No. of days with 0.04 in. or more
	Inches	Inches	Date		
January ..	2.29	.64	23	19	11
February ..	1.20	.35	16	18	6
March ..	.23	.05	21	11	2
April	1.95	.49	4	11	10
May	.94	.36	17	8	6
June	2.35	.65	29	17	12
July	2.63	.81	4	14	12
August ..	2.84	.61	9	14	9
September ..	3.03	.59	24	16	12
October ..	2.56	.45	20	23	15
November ..	3.30	.47	17	24	18
December ..	1.32	.35	17	14	9
Total ..	24.64	—	—	189	122

SUMMARY OF THE ORDINARY HOUSING ACTIVITIES IN THE VARIOUS DISTRICTS IN THE COUNTY DURING 1944 :—

DISTRICT	INSPECTION OF DWELLING HOUSES DURING YEAR				No. of defective dwelling houses rendered fit in consequence of informal action by the local authority or their officers	ACTION UNDER STATUTORY POWERS DURING YEAR							HOUSING ACT, 1936, PART IV.—OVERCROWDING					
						HOUSING ACT, 1936, SECTIONS 9, 10 & 16		PUBLIC HEALTH ACTS		HOUSING ACT, 1936, SECTIONS 11 & 13		HOUSING ACT 1936, SEC. 12						
	Total No. of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	No dwelling houses inspected and recorded under the Housing (Consolidated) Regulations 1925 & 1932 (included in previous column)	No. dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	No. dwelling houses found not to be in all respects reasonably fit for human habitation (exclusive of those in previous column)		No. dwelling Houses in respect of which notices were served requiring repairs	No. dwelling houses rendered fit after service of formal notices (By owners)	No. dwelling houses in respect of which notices were served requiring defects to be remedied	No. dwelling houses in which defects were remedied after service of formal notices (By owners)	No. dwelling houses in respect of which demolition orders were made	No. dwelling houses demolished in pursuance of demolition orders	No. separate tenements or underground rooms in respect of which closing orders were made	No. dwelling houses overcrowded at end of year	No. families dwelling therein	★ No. persons dwelling therein	No. new cases of overcrowding reported during year	No. cases of overcrowding relieved during year	★ No. persons concerned in such cases
UNICIPAL BOROUGH																		
oughborough	440	350	—	401	382	2	2	8	8	—	—	—	86	115	603	15	1	7
RBAN DISTRICTS....																		
shby-de-la-Zouch	79	—	2	35	24	7	7	—	—	2	—	—	5	8	40	2	1	7
shby Woulds	2	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—
oalville	81	50	—	76	30	7	17	3	5	—	—	—	31	43	262	27	16	121
inckley	178	—	—	178	163	11	10	21	18	—	—	—	17	17	145	—	2	14
arket Harborough	162	—	—	25	27	—	—	—	—	—	—	—	—	—	—	—	—	—
elton Mowbray	218	—	—	218	182	—	—	7	7	—	—	—	—	—	—	—	—	—
adby	160	—	—	9	8	1	1	—	—	—	—	—	1	1	9	1	—	—
hepshed	84	—	2	38	36	38	36	38	2	—	—	—	—	—	—	—	—	—
igston	460	—	—	72	56	—	—	—	—	—	—	—	14	21	149	19	5	49
URAL DISTRICTS																		
shby-de-la-Zouch	459	97	—	97	56	3	3	41	15	—	2	—	—	—	—	3	3	27
arrow-on-Soar	1090	490	277	182	284	6	5	9	4	9	3	1	25	25	164	1	1	9½
illesdon	66	25	7	59	9	6	—	—	—	4	1	—	—	—	—	—	—	—
laby	128	41	24	69	30	—	—	8	7	—	—	—	15	15	89	7	5	34
astle Donington	28	15	—	—	5	—	—	—	—	—	—	—	—	—	—	—	—	—
utterworth	124	21	—	16	19	—	—	—	—	—	—	—	—	—	—	7	7	38
arket Bosworth	89	—	—	61	39	—	—	9	6	—	—	—	—	—	—	—	—	—
arket Harborough	403	—	—	7	8	11	11	5	5	—	1	—	2	2	13	3	1	8
elton & Belvoir	312	115	5	161	207	—	—	—	—	—	—	1	38	47	251	5	1	7
TOTALS	4563	1204	317	1304	1567	92	92	149	77	15	7	2	234	294	1725	90	43	321½

★ NOTE—In determining the number of persons sleeping in a house, Section 58 Housing Act, 1936, states that a child who has attained one year and is under ten years old, shall be reckoned as one-half of a unit.

The quality of all the piped supplies was found to be satisfactory, but that of some of the ell supplies was doubtful.

Six urban districts, Ashby-de-la-Zouch, Ashby Woulds, Coalville, Market Harborough, elton Mowbray and Shepshed reported some shortage of water during the year. Of these shby-de-la-Zouch, Ashby Woulds, Coalville, Melton Mowbray and Shepshed had to restrict pplies at some time during the year, and in each case steps were taken to obtain increased pplies.

Some shortage of supplies was also reported in the rural districts of Billesdon, Lutterworth, arket Bosworth and Market Harborough.

WATER SUPPLY.

During the year investigations of the purity of water supplies were continued throughout e county. 373 samples were submitted for analysis, compared with 386 in the year 1943, and e results are set out in the following table.

District	Satisfactory		Unsatisfactory	
	Chemical	Bacteriological	Chemical	Bacteriological
Municipal Borough				
Loughborough	—	3	—	3
Urban Districts				
Ashby-de-la-Zouch	—	—	—	—
Ashby Woulds	—	—	—	—
Coalville	1	48	—	10
Hinckley	3	2	8	1
Market Harborough	24	3	—	—
Melton Mowbray	2	6	—	—
Oadby	—	—	—	—
Shepshed	2	2	—	—
Wigston	—	—	—	1
Rural Districts				
Ashby-de-la-Zouch	3	3	3	13
Barrow-on-Soar	—	37	—	30
Billesdon	—	—	—	1
Blaby	2	4	7	21
Castle Donington	—	—	—	2
Lutterworth	—	8	—	10
Market Bosworth	11	—	19	—
Market Harborough	—	10	—	10
Melton and Belvoir	8	14	5	33
Totals ..	56	140	42	135

The above figures indicate the total number of water examinations carried out by the local hority in each district, and in many cases the samples have been taken from wells and springs d by comparatively few people. The results, therefore must not be interpreted as bearing any ation to the purity of the general water supply of the various districts.

In the rural districts, 118 parishes have a piped supply, and 114 parishes are without piped plies.

SANITARY INSPECTION.

The following table summarises this work as carried out in the county during the year 194

DISTRICT	No. complaints received	No. defects or nuisances discovered	No. premises visited		No. of notices served				Summary action	
					Preliminary		Statutory			
			Inspections	Re-visits	Housing	Other	Housing	Other	Summonses issued	Convictions obtained
MUNICIPAL BOROUGH										
Loughborough	78	4,201	2,407	4,198	231	70	10	—	2	2
URBAN DISTRICTS										
Ashby-de-la-Zouch	50	176	439	93	48	72	9	—	—	—
Ashby Woulds	47	58	1,351	225	5	12	—	3	—	—
Coalville	87	81	3,125	335	44	251	7	12	2	2
Hinckley	291	1,432	3,281	1,567	110	494	11	21	5	5
Market Harborough	315	455	861	1,526	40	205	—	—	—	—
Melton Mowbray	114	354	834	1,164	49	108	—	7	—	—
Oadby	12	11	551	—	10	34	1	—	—	—
Shepshed	6	58	415	986	54	6	6	—	1	1
Wigston	224	426	948	2,561	28	255	—	7	—	—
RURAL DISTRICTS										
Ashby-de-la-Zouch	116	115	1,563	1,305	98	518	3	55	—	—
Barrow-on-Soar	220	340	3,536	2,028	181	121	18	4	1	—
Billesdon	113	113	323	207	19	93	15	—	—	—
Blaby	256	292	1,546	1,030	55	58	8	2	—	—
Castle Donington	72	53	143	—	4	—	—	—	—	—
Lutterworth	78	64	769	314	41	29	1	—	—	—
Market Bosworth	82	74	982	369	51	38	—	20	5	5
Market Harborough	348	412	1,004	457	3	2	11	5	—	—
Melton & Belvoir	219	746	2,796	801	161	202	1	3	—	—
TOTALS	2,728	9,461	26,874	19,166	1,232	2,568	101	139	16	15

GENERAL SANITATION.—Closet Accommodation.

During the year 31 privies were abolished, 198 pail closets were converted into water clos and 35 privies were converted to pail closets. Worthy of comment are the 61 pail closets conver to water closets in the Blaby Rural District, and the 60 in the Market Bosworth Rural Distr

The following is a summary of the position as regards closet accommodation in the cou at 31st December, 1944 :—

		Privies.	Pail closets.	Water closets.	Total.
Ten urban districts	.. .. ..	412	1,323	45,205	46,940
Nine rural districts	.. .. ..	2,845	15,996	25,798*	44,639
Totals	..	3,257	17,319	71,003	91,579

*No figures included for water closets in the Castle Donington Rural District.

INSPECTION AND SUPERVISION OF FOOD.—MILK SUPPLIES.

Tuberculin-Tested" Milk.

On December 31st, 1944, there were 59 farms licensed to produce "Tuberculin-Tested" milk, nd 39 of these also held certificates of "Attestation" issued by the Ministry of Agriculture and isheries. During the year 26 new licences were issued and 2 licences were discontinued.

Accredited" Milk.

On December 31st, 1944, there were 558 licences in force for the production of "Accredited" ilk. During the year 30 new licences were issued and 35 licences were discontinued.

The Milk (Special Designations) Regulations, 1936-42. *Licences Issued,* 1944.

DISTRICT	LICENCES ISSUED BY COUNTY COUNCIL				LICENCES ISSUED BY LOCAL AUTHORITIES :—						"PASTEURISED"		
	Tuberculin Tested		Accredited		"Tuberculin Tested"			"Accredited"			Pasteurising plants	Retail Distribut'n	
	Production & Bottling Licences	Total Licences	Production & Bottling Licences	Total Licences	Bottling	Distribution Dealers	Distribution Supplementary	Bottling	Distribution Dealers	Distribution Supplementary		Dealers	Supplementary
MUNICIPAL BOROUGH													
Loughborough	2	2	3	10	—	—	—	2	2	2	1	1	2
URBAN DISTRICTS													
Ashby-de-la-Zouch	1	2	—	16	—	—	—	—	—	—	1	—	1
Ashby Woulds	—	1	1	1	—	—	—	—	—	—	—	1	—
Coalville	—	—	2	8	—	5	—	—	1	—	—	1	—
Hinckley	—	1	3	40	—	1	1	—	—	—	1	2	1
Market Harborough	—	—	1	5	1	1	—	—	—	—	1	—	1
Melton Mowbray	—	—	1	5	—	—	—	—	—	—	—	1	—
Oadby	—	—	1	4	—	—	—	—	—	—	—	—	—
Shepshed	—	1	—	1	—	—	—	—	—	—	—	—	—
Wigston	—	—	—	6	—	—	2	—	—	—	1	—	1
RURAL DISTRICTS													
Ashby-de-la-Zouch	1	1	1	68	—	—	1	—	—	—	—	—	1
Barrow-on-Soar	1	3	3	52	—	—	1	—	—	—	—	—	6
Billesdon	4	8	2	28	—	—	—	—	—	—	—	—	—
Blaby	2	4	8	54	1	3	—	—	1	—	1	2	4
Castle Donington	1	3	2	38	—	—	—	—	—	—	—	—	—
Lutterworth	1	5	2	33	—	—	—	—	—	—	—	—	—
Market Bosworth	2	14	3	118	—	—	—	—	—	—	—	—	—
Market Harborough	1	5	1	31	—	—	1	—	—	—	—	—	—
Melton & Belvoir	3	9	3	40	—	—	—	—	—	—	—	—	2
TOTALS	19	59	37	558	2	10	6	2	4	2	6	8	19

MILK AND DAIRIES ORDER.

District	Registered cow-keepers	Inspections	Registered dairymen	Inspections	Milk samples collected		
					Satis.	Unsatis.	Total
Municipal Borough Loughborough ..	42	124	39	123	63	12	75
Urban Distrists							
Ashby-de-la-Zouch	37	30	10	14	12	4	16
Ashby Woulds ..	9	18	—	—	—	—	—
Coalville	48	77	56	54	92	20	112
Hinckley	71	250	79	43	104	12	116
Market Harborough	9	21	4	47	18	—	18
Melton Mowbray	23	41	10	24	32	4	36
Oadby	7	18	17	6	—	—	—
Shepshed ..	26	52	4	8	6	1	7
Wigston	18	72	68	52	172	9	181
Rural Districts							
Ashby-de-la-Zouch	206	483	2	5	75	10	85
Barrow-on-Soar ..	361	380	144	120	96	26	122
Billesdon	136	16	40	1	4	—	4
Blaby	176	188	19	24	72	22	94
Castle Donington	139	17	3	3	—	—	—
Lutterworth ..	270	163	21	53	—	—	—
Market Bosworth	334	276	140	32	23	7	30
Market Harborough	165	173	6	9	127	19	146
Melton & Belvoir	808	687	292	288	561	46	607
Totals ..	2,885	3,086	954	906	1,457	192	1,649

MEAT INSPECTION.

Slaughter Houses.

There are four regional slaughter-houses in the county. The following table shows t situation of the slaughter-houses, inspections made, etc., together with details of slaughteri in other districts of the county.

District	No. of regional slaughter houses	No. of inspections at time of slaughter	Total No. of animals slaughtered	No. of knackers' yards	No. of inspections
Municipal Borough Loughborough ..	—	161	161	1	20
Urban Districts					
Ashby-de-la-Zouch	—	—	—	1	4
Ashby Woulds ..	—	—	—	—	—
Coalville	1	1,011	12,253	—	—
Hinckley	1	407	9,038	—	—
Market Harborough	1	272	10,405	—	—
Melton Mowbray	1	482	12,649	1	12
Oadby	—	45	45	—	—
Shepshed ..	—	112	154	—	—
Wigston	—	42	42	1	26
Rural Districts					
Ashby-de-la-Zouch	—	32	32	1	10
Barrow-on-Soar ..	—	106	1,100	2	18
Billesdon	—	—	—	—	—
Blaby	—	106	781	—	—
Castle Donington	—	—	—	1	15
Lutterworth ..	—	—	—	2	8
Market Bosworth	—	36	2,139	—	—
Market Harborough	—	—	—	—	—
Melton & Belvoir	—	—	—	2	12
Totals ..	4	2,812	48,799	12	125

FOOD ANALYSIS.

The County Police are responsible for the administration of the provisions of the Food nd Drugs Act, 1938, dealing with the composition of food and drugs, and the following is a ummary of the reports of the county analysts on the work carried out during the year 1944 :—

Total samples taken 508, compared with 567 in 1943.
Unsatisfactory samples 48, compared with 37 in 1943.
The unsatisfactory samples can be classified as follows :—

Milk 28 (added water 6 ; deficient in fat 21 ; both deficient in fat and having added water 1).
Ground ginger 3 (excessive sand).
Dried milk 1 (mixture of wheaten and rice flours).
Whisky 1 (5% added water).
Baking powder 2 (deficient in carbon dioxide).
Dried herbs 3 (excessive sand).
Potted meat 4 (higher percentage of meat than allowed by wartime regulations).
Sausages 2 (deficient in meat content 1 ; containing no soya bean meal 1).
Malt vinegar 2 (artificial vinegar 1 ; deficient in acetic acid 1).
Gin 1 (10% added water).
Sugar 1 (containing 2% wheaten flour).

PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASE.

Notification of Infectious Disease.

The notification of many infectious diseases has been compulsory throughout the country ince the Infectious Diseases Notification (Extension) Act of 1899, and much useful information n the changing prevalence and trends of epidemic disease has resulted. Of recent years certain eficiencies in the system of notification have become apparent. The notification of an infectious isease is sent to the medical officer of health as soon as the diagnosis is made, and with the ncrease in the use of laboratory methods it frequently happens that the provisional diagnosis altered after the form of notification has been despatched. In other cases the medical officer f health hears for the first time of the occurrence of infectious disease many days after the atients were taken ill. It is desirable therefore to have some system of correcting the original otifications so that the final statistical summaries bear as close a relation as possible to the ctual prevalence of the individual disease.

On the 1st January, 1944, the Registrar-General introduced a revised system of recording otifications of infectious disease. Weekly returns based upon the primary notifications of istrict authorities made to the medical officers of health, are still sent to the Registrar General nd are summarised in his weekly report. Additional returns at the end of each quarter are now ubmitted by the medical officer of health, and an opportunity is thus given for the correction nd alteration of diagnoses, the deletion of those cases where the diagnosis is not confirmed, and e inclusion of unnotified cases which have been brought to the notice of the medical officer f health. With diseases such as diphtheria and cerebro-spinal fever, where admission to an olation hospital is an almost invariable rule, the margin of error is now a small one. Errors, ometimes of considerable proportion are however still bound to occur in the case of diseases uch as whooping cough, measles and scarlet fever, which may be treated at home, and where a edical practitioner is either not called in or where he omits to notify cases.

The quarterly returns of infectious disease contain the notifications, classified according sex and age, and it is therefore possible, for the first time to include a more detailed summary these particulars. (Tables 3 and 4 in the Appendix.)

eneral Review.

The prevalence of infectious disease has again remained favourable throughout the county.

The 618 notified cases of measles and 844 of whooping cough indicate that the incidence of oth these diseases has been within normal limits. Special comment however is necessary in e case of whooping cough. The number of notifications show that during 1944, this disease as the most frequent of the notifiable infectious diseases, and its devigorating effect is shown the fact that there were 10 deaths. It is important to note that 84 of the cases and five of the eaths were in children under one year of age.

Scarlet fever maintains a high incidence, but although 793 cases were notified there was nly one death. This disease still appears to retain its dread reputation with members of the ublic, yet it is now in reality no more serious or infectious than an attack of influenza.

Diphtheria has shown a remarkable decrease both in incidence and mortality. Only 97 ses were originally notified, and of these, the corrected notifications show that only 61 were ue cases. Of the three deaths none were in immunised children. This disease is the subject of special memorandum on page 20.

Cerebro spinal fever is now showing a steady decrease in its incidence. During the years mediately prior to the war there had been a yearly average of 8 cases. In 1940 the number of otifications jumped to 116, the deaths to 28, and in 1944 the number had fallen to 32 original otifications, 18 true cases and 3 deaths.

The 37 cases of puerperal pyrexia give a rate of 5.66 per thousand total live and still births a figure which is approximately only one half of the corresponding rate of 10.34 for the whol of England and Wales.

No figures are available to show the prevalence of scabies and other contagious condition of the skin, or of epidemic catarrhal jaundice. There are however, many indications that thes conditions are decreasing in prevalence.

DIPHTHERIA AND DIPHTHERIA IMMUNISATION IN LEICESTERSHIRE.

Incidence and Mortality prior to the War.

Infectious diseases are the principal causes of illness and mortality amongst children During the past 100 years there has been a remarkable improvement in child health, and i this country some diseases, smallpox, cholera, typhus and typhoid have either completely o almost completely disappeared ; others such as tuberculosis and infantile diarrhœa have decline both in incidence and in mortality, and yet others, such as scarlet fever, whooping cough an measles, while maintaining a high incidence among the child population, have shown a remarkabl reduction in mortality.

Diphtheria, however, has been an exception ; the incidence, prior to 1942, had remaine persistently high, and though the mortality rates had undergone a reduction, the disease ha remained a prominent cause of death. Thus Table 1 shows that the notification rates for Englan and Wales were 1.61 per 1,000 population in 1914, and 1.58 in 1938 ; while in Leicestershire th total number of cases notified was 332 in 1914, and 397 in 1938, the intervening years showin fluctuations but no constant improvement. The national death rate for diphtheria fell by approximately one half during the years 1920-23, and then remained constant for the next 20 years, whil in Leicestershire the total number of deaths from diphtheria showed a similar trend.

TABLE I.

England and Wales. Rates per 1,000 population.			Leicestershire. Notifications and Deaths (Totals).				
			Notifications.	Deaths.			
Year.	Notifications.	Deaths.		Total.	Age 0-4	Age 5-14	Age over 15
1914	1.61	0.14	332	51	28	22	1
1915	1.52	0.14	263	29	11	17	1
1916	1.50	0.14	236	29	No figures	availa	ble.
1917	1.28	0.13	220	34			
1918	1.31	0.14	258	39	10	28	1
1919	1.50	0.13	361	44	15	28	1
1920	1.86	0.15	451	50	21	27	2
1921	1.76	0.12	404	28	11	15	2
1922	1.37	0.11	311	28	13	13	2
1923	1.05	0.07	267	30	11	17	2
1924	1.07	0.06	315	18	6	10	2
1925	1.23	0.07	285	14	7	5	2
1926	1.31	0.07	265	18	11	6	1
1927	1.33	0.07	331	18	9	9	0
1928	1.55	0.06	395	24	6	16	2
1929	1.59	0.08	362	34	13	17	4
1930	1.84	0.09	323	14	6	8	0
1931	1.26	0.07	166	12	4	6	2
1932	1.08	0.06	124	10	3	6	1
1933	1.18	0.06	125	10	4	5	1
1934	1.70	0.10	150	13	7	5	1
1935	1.60	0.08	286	22	7	15	0
1936	1.42	0.07	386	32	12	18	2
1937	1.49	0.07	371	14	7	3	4
1938	1.58	0.07	397	19	5	12	2
1939	1.14	0.05	527	30	10	18	2
1940	1.16	0.06	473	38	13	22	3
1941	1.25	0.07	605	20	8	12	0
1942	1.05	0.05	459	27	7	15	5
1943	0.88	0.03	144	7	2	4	1
1944	0.58	0.02	97	3	2	1	0

In Leicestershire the pre-eminent importance of diphtheria as a cause of death was discusse in the school annual report for 1938. During the years 1927-38 diphtheria was the most frequen cause of death in school-children, and in the pre-school ages (one to four years), was exceede only by pneumonia, tuberculosis and deaths due to violence. Immediately prior to the war, diphtheria was found to occupy a similar position in the national death rates for children in England and Wales.

Diphtheria as a War-Time Disease.

The social and economic changes associated with war inevitably tend to produce a marked ncrease in infectious disease, and most of the great epidemics of the world have been associated with either war or famine. In 1939, at the commencement of the war, the high incidence and mortality of diphtheria seemed to indicate that this was a disease which would require the most careful means of control, and the mass evacuation of children and the bombing of the civil population were factors which increased even further the seriousness of the situation.

Experience on the continent of Europe has shown that these fears were not without foundaion. Dr. Stowman, the Chief of the Epidemiological Information Service of U.N.R.R.A. has published a report showing how, in Germany and in some of the occupied countries, diphtheria became the leading epidemic disease of the war. In Germany alone there were 15,000 deaths from his disease in 1942, and in the following year nearly 300,000 cases were reported. The ravages of the disease continued to increase in 1944, and a significant feature was the high proportion of adults. In the German army the disease became an important cause of fatal illness. (*Brit. Med. Journal*, 1945, *vol. i.*, *page* 742.)

Reduction in the Incidence and Mortality of Diphtheria.

Prior to 1940 diphtheria immunisation had been used in the country on a small scale only, more with the object of protecting individual children than of lowering the incidence of the disease in an entire area. Evidence from Canada and the U.S.A. had shown that unless a high proportion of children both of school age and under school age were immunised, the general ncidence of the disease would not be affected. In Leicestershire, during the years 1935-40 immunisation had been used with success in a number of villages and schools where there had been local epidemics, but the general incidence throughout the county had remained unchanged. It became obvious, in the light of the American experience, that the only way of reducing the incidence of the disease would be to introduce a comprehensive scheme under which every child would be offered free immunisation. In December 1940 the Ministry of Health asked local authorities to organise schemes of this nature, and during the succeeding two years the proportion of immunised children rose rapidly. Returns from the district authorities of Leicestershire indicated that in most areas well over half the children aged 1-14 had been immunised by the end of 1942 ; three months later it was estimated that the figure had risen to over three quarters.

A considerable reduction in both the incidence and mortality of diphtheria has occurred, although there was a latent period of some months, the full effects of immunisation not becoming apparent until the years 1943 and 1944 (see Table I). In the national figures the notification rate fell from 1.16 per thousand in 1940 to 0.58 in 1944, and the death rate fell from 0.07 per thousand in 1941 to 0.02 in 1944. In Leicestershire the fall was even more marked, the total notifications fell from 605 in 1941 to 97 in 1944, and of the latter figure only 61 cases were subsequently shown to be true diphtheria. In 1940 there were 38 deaths in Leicestershire, and in 1944 only 3. When the persistently high incidence prior to 1940 is considered, together with the high war-time incidence on the continent, the fall during the past two years can beyond reasonable doubt be attributed to diphtheria immunisation.

Why is no absolute guarantee given with immunisation ?

No medical officer would claim that immunisation gives a perfect and complete protection against diphtheria, though it must be emphasised that in the small proportion of immunised children who contract the disease, it is milder in type, and the chances of death are vastly diminished. As with most forms of medical treatment no absolute guarantee can be given, and since misunderstandings so easily arise, a brief explanation of the nature of immunity may be helpful.

Immunity to most of the infectious conditions of childhood is conveyed either by an attack of the disease in question, or by some form of artificial immunisation. Many older children and most adults, however, develop a greater or less degree of immunity by mixing with other members of the community and receiving from time to time doses of naturally acquired infection which are too small to cause symptoms of the disease. Thus a nurse or doctor working in a fever hospital will, in the course of a year or so, develop a high degree of immunity, while at the other extreme, peoples amongst whom a given infectious disease is unknown are found to be highly susceptible.

A child develops little or no immunity during the first three years of life, and diphtheria is too serious a condition to allow fate to decide whether an infant's first encounter with infection shall be a large dose which will cause a definite and possibly fatal attack of the disease, or a smaller dose which will lay the foundation of a natural immunity.

Immunisation carried out at the end of the first year of life conveys a high degree of immunity and protects the child during the years when infection is liable to be most dangerous. Children vary considerably in their capacity for retaining immunity. Some maintain a high degree of protection which lasts throughout childhood, while with others, particularly those who do not mix with other children, and therefore do not come into contact with occasional doses of infection, the immunity tends to fade. For this reason immunisation is recommended, in the first place when a child reaches the age of one year, while a further dose of the immunising material may be given at the age of five, when the child enters an infant school. The former innoculatio protects the child during the dangerous pre-school ages, while the latter raises the immunity a the age when the child is most likely to encounter infection. The great majority of children ca thus be provided with an immunity which lasts throughout childhood.

One further point requires a few words of explanation. The protection following immunisation takes time to develop, and it is several months before it reaches a maximum. It is inevitable therefore, that an occasional child will develop diphtheria either during the course of immunisation or during the succeeding three or four weeks, and these occurrences must not be allowe to bring discredit upon immunisation.

TABLE II.

Number of Cases and Deaths in Immunised and Un-immunised Children under 15 years of age during 1943 and 1944.

Authority.	Notifications.				Deaths.			
	1943		1944		1943		1944	
	Not Imm.	Imm.	Not Imm.	Imm.	Not Imm.	Imm.	Not Imm.	Imm.
Ashby-de-la-Zouch ..	–	–	–	–	–	–	–	–
Ashby Woulds ..	–	–	–	–	–	–	–	–
Coalville	13	5	2	7	3	–	–	–
Hinckley	5	3	11	1	1	–	3	–
Loughborough ..	8	3	5	2	1	–	–	–
Mkt. Harboro' U.D.	–	–	–	–	–	–	–	–
Melton Mowbray U.D.	–	–	–	–	–	–	–	–
Oadby	1	–	–	–	–	–	–	–
Shepshed	7	6	–	–	–	–	–	–
Wigston	–	–	3	1	–	–	–	–
Ashby R.D.	2	–	–	1	–	–	–	–
Barrow-on-Soar ..	5	8	2	1	–	–	–	–
Billesdon	–	–	–	–	–	–	–	–
Blaby	5	–	5	–	–	–	–	–
Castle Donington ..	5	1	–	1	1	–	–	–
Lutterworth ..	–	–	–	–	–	–	–	–
Mkt. Bosworth ..	1	5	1	3	–	–	–	–
Mkt. Harboro' R.D.	–	–	–	–	–	–	–	–
Melton and Belvoir ..	–	–	–	–	–	–	–	–
Total U.Ds. ..	34	17	21	11	5	–	3	–
R.Ds. ..	18	14	8	6	1	–	–	–
Totals	52	31	29	17	6	–	3	–

Diphtheria in Immunised and Un-immunised Children.

Twice a year every district medical officer of health makes a report on the numbers and percentages of children immunised in his district, and on the cases and deaths occurring in immunised and un-immunised children. Table II is based on these reports and shows that 6 deaths from diphtheria in children under 15 in 1943 and 3 deaths in 1944, all occurred in un-immunised children. During these two years, of 129 cases, 81 were in un-immunised children, it will therefore be seen that among approximately a quarter of the children aged one to fourteen in the county who had not been immunised, there were 80 cases and 9 deaths during the two years, while from among nearly three quarters of the children who had been immunised there were only 48 cases and no deaths.

During the year 1944 the percentage of immunised children remained relatively constant throughout the year. The difference in the susceptibility of immunised and un-immunised children may therefore be expressed rather more accurately in the form of the proportions contracting or dying from diphtheria. There is a slight under-estimation of the difference, since only those children who were immunised before January 1944 are classified as immunised.

YEAR 1944.

Proportion of un-immunised children contracting diphtheria	1 in 450
„ „ immunised „ „ „	1 in 3,240
„ „ un-immunised „ dying from „	1 in 4,400
„ „ immunised „ „ „	Less than 1 in 55,000.

It must, of course, be emphasised that these figures are approximate, and that the proportion cannot be calculated with great accuracy owing to the constant changes in size of the child population brought about by the evacuation scheme.

Somewhat similar conclusions have been published in a survey conducted by the Medical Officers of the Ministry of Health, for the whole of England and Wales during the years 1942 and 1943. (*Monthly Bulletin of Min. of Health, Sept.* 1944.) In this survey adjustments were made to correct inaccuracies arising from the steadily expanding percentage of immunised children, and the national figures had an advantage in that they were relatively unaffected by the changes in the distribution of the child population arising out of the evacuation scheme. The survey showed that during the two years, among un-immunised children, the estimated incidence of diphtheria was 4 times as great and the risk of dying from this disease 23 times as great as compared with immunised children.

TUBERCULOSIS.

REPORT OF THE CHIEF TUBERCULOSIS OFFICER.

Prevalence of tuberculosis.

	Year 1944	Average for preceding five years
Pulmonary tuberculosis :		
Notifications	173	202
Deaths	113	144
Death rate	0.36	0.45
Non-pulmonary tuberculosis :		
Notifications	75	100
Deaths	37	33
Death rate	0.12	0.11
Total for both pulmonary and non-pulmonary tuberculosis :		
Notifications	248	302
Deaths	150	177

Out-patient dispensary work (for details see Table T.B.1) :

The number of attendances at dispensaries has been 6,877 as against 6,096 in 1943. X-ray photographs of pulmonary cases have been taken at Markfield Sanatorium, and a certain number of surgical cases have been X-rayed there during the year. The total number taken was 2,838 including 1,396 screenings. This is an increase of 639.

The number of specimens of sputum examined was 1,244, of which tuberculosis medical officers submitted 686.

Domiciliary Work.

(1) Open-air shelters.—The number of shelters is 70 and the number of inspections carried out by the County Nursing Association was 154.

(2) Nursing of advanced cases.—The number of visits made by district nurses under the direction of the County Nursing Association was 3,179.

(3) Extra nourishment.—£268 has been expended on 37 patients. The grant is one pint of milk per day and one dozen eggs (when possible) per week to each patient.

(4) Additional help.—The cost of splints, crutches, surgical boots, travelling expenses and dentures has entailed an expenditure of £48 on 27 patients, as against £80 on 27 patients last year.

(5) Domiciliary visits.—Tuberculosis medical officers have paid 1,650 visits to patients' homes : Dr. Coward 530, Dr. Lane 1,120. The health visitors paid 3,354 visits and the district nurses 3,179.

Surgical Tuberculosis.

The numbers of patients admitted to orthopædic hospitals and of those remaining under treatment, and other information will be found in Table T.B.2.

MINISTRY OF HEALTH MEMORANDUM 266/T.

The scheme of allowances under the Ministry of Health's Memo. 266/T was continued during the year. The scheme makes provision for money allowances for a certain category of patients suffering from pulmonary tuberculosis. The patients entitled are those giving up gainful occupation to undertake treatment approved by the tuberculosis medical officer, who must be of the opinion that there is good prospect of early return to employment as a result of such treatment. Allowances given are a total charge on the Exchequer, and are subject to a time limit. Where domiciliary treatment is recommended the grant may be given for twelve months. Where institutional treatment is recommended the grant may be given from the date of recommendation until eighteen months after discharge from sanatorium. However, maintenance allowance may not be paid to patients without dependents while receiving treatment in a sanatorium. Any extension of a grant beyond the stated limits can only be made by special approval of the Ministry of Health.

The allowances available are of three different kinds :— (*a*) maintenance allowance to provide for a reasonable standard of living (*b*) discretionary allowance to supplement high rent and certain other commitments, and (*c*) special payments for relatives' travelling expenses to see the patient in the sanatorium, pocket money whilst in the sanatorium, and certain other assistance not available under (*a*) or (*b*).

Maintenance allowances are given without a means test in accordance with a scale approved by the Ministry of Health. Discretionary allowances and special payments are only given on proof of need and are subject to consideration by your committee. In general it is found that a maintenance allowance removes the necessity for discretionary allowance or a special payment.

During the year the following allowances were given :—

Maintenance 79 ; discretionary 4 ; special payment 1.

N. A. COWARD

Chief Tuberculosis Officer.

REPORT BY THE MEDICAL SUPERINTENDENT OF THE LEICESTERSHIRE COUNTY SANATORIUM & ISOLATION HOSPITAL, MARKFIELD.

	Tuberculosis		**Infectious Diseases**		**Total**	
	Year 1944	Av. of years 1933-37	Year 1944	Av. of years 1933-37	Year 1944	Av. of years 1933-37
Beds provided	138	128	76	62	214	190
No. of cases on 1st Jan., 1944	129	114	39	61	168	175
No. of cases admitted ..	223	295	441	528	664	823
No. of cases discharged ..	223	292	454	507	677	799
No. of cases on 31st Dec., 1944	129	117	26	82	155	199

The average number of beds occupied daily was 166.2, and the highest number of cases under treatment at any one time was 202.

The demand for beds for tuberculosis, especially for male adults, remained high, and part of the children's ward was therefore continued in use for this purpose. The work of the X-ray department shows a continued expansion, and the number of special treatments and operative measures has risen to a new high level.

The incidence of scarlet fever has not appreciably altered, but there has been a spectacular fall in the number of cases of diphtheria. Dysentery has become much more frequent, but is of a mild character.

The difficulty in maintaining the numbers of staff, both nursing and domestic, continues.

Tuberculosis.

The average number of beds occupied daily rose to 130.2 (94.3%) ; the highest number of patients under treatment at any one time was 136, and the average duration of treatment increased to 201 days in men, 202 in women, and 173 in children.

Artificial Pneumothorax.

103 patients had treatment by collapse of the lung during 1944, and 1,619 refills were given. Dr. Lane gave a further 277 refills at Loughborough.

13 patients completed their treatment, 9 left the county, and in 19 cases treatment was abandoned. At the end of the year 62 patients were still having refills, of whom 15 were still in-patients, and 47 had been discharged from the sanatorium, and attended as out-patients. 10 of the patients were evacuees, and one was a child aged 13 years.

Surgical Measures.

By courtesy of the Leicester City Isolation Hospital, Mr. T. Holmes Sellors has continued to operate on county cases at that hospital. 8 thoracotomies with adhesion section were performed on patients having artificial pneumothorax treatment, 4 phrenic nerve operations, 1 Monaldi cavity drainage, and 4 bronchoscopy examinations were performed.

Other Measures.

Aspiration of effusions was carried out on 122 occasions, and 2 patients received treatment by pneumoperitoneum on 39 occasions.

Aurotherapy.

31 patients received injections of gold salts, the average dose being over 4 grammes administered in approximately 20 weekly injections.

23 patients completed the course, and 8 were still proceeding at the end of the year.

12 out of 23 completed cases became quiescent, and 17 out of 20 T.B. positive sputum cases became non-infective.

Tuberculin.

4 patients suffering from tuberculosis affecting the uro-genital system were treated by weekly injections of tuberculin.

Heliotherapy.

35 patients received artificial sunlight and 1,630 exposures were given.

Special Tests.

Estimation of blood sedimentation rate was carried out on 1,565 occasions, and 40 Mantoux skin tests were performed.

X-ray Department.

	Screening	Films
In-patients	812	570
Sent by tuberculosis officers	1,276	1,322
Sent by other clinics	—	17
Service cases	120	120
	2,208	2,029

Total radiographic examinations 4,237

Laboratory.

Sputum for tubercle bacilli	1,110
Urine for tubercle bacilli	155
Effusions for tubercle bacilli	27
Cultures for diphtheria bacilli	1,119
Post-mortems	4
Cerebro-spinal fluid	39
Blood counts, etc.	40
Smears, etc.	142
Other investigations	47
	2,683

In addition a large number of swabs and other specimens were collected for special investigation by the Emergency Public Health Laboratory Service.

Results of treatment.

223 cases of tuberculosis were discharged, of whom 181 were suffering from the adult type of lung disease, and 6 from the childhood type, while 23 had non-pulmonary tuberculosis.

A further 16 cases were admitted for observation, and of these 3 were diagnosed as suffering from active tuberculosis and retained for treatment, and appear above.

68 adults were T.B. negative or early T.B. positive cases, and of these 53 (77%) became quiescent and 5 (7%) died.

113 adults were moderately or well-advanced T.B. positive cases, and of these only 29 (28%) became quiescent, and 24 (21%) died.

Altogether there were 120 T.B. positive cases and 40% became non-effective after treatment.

All the cases of childhood lung disease and of abdominal tuberculosis became quiescent, as did also 8 out of 9 cases of gland disease.

INFECTIOUS DISEASES.

The average number of beds occupied daily was 33, and the highest number of patients under treatment at any one time was 69. The average age of all cases was 14 years, and the average stay in hospital 27 days.

Scarlet Fever.

210 cases were discharged, 21 adults and 189 children. The average age was 9 years, average duration of treatment 32 days.

In 21 cases the diagnosis was not confirmed. Specific complications were 17 otorrhœa, 4 rheumatism, 10 relapse, and 2 pneumonia.

Diphtheria.

68 cases were discharged, 30 being adults and 38 children ; the average age being 15 years, and the average duration of treatment 39 days.

31 cases were suffering from diphtheria affecting the throat, 1 of the larynx, 1 was a carrier only, and the diagnosis was not confirmed in a further 35 cases.

No deaths occurred.

The average dose of antitoxin was 74,000 units, and specific complications were 6 of paralysis.

Cerebro-spinal Fever.

32 cases were discharged, the average age being 15 years and duration of treatment 10 days.

9 cases were confirmed as suffering from meningococcal meningitis. The average dose of sulphonamides was 23 grammes and 1 death occurred.

In addition 9 cases of tuberculous meningitis, 1 pneumococcal and 1 streptococcal meningitis died, and a further 12 cases were found not to be suffering from meningitis at all.

Typhoid Fever.

4 cases were admitted, but the diagnosis was not confirmed.

Dysentery.

30 cases were discharged during the year, many being members of H.M. Forces. The average age was 18 years, average stay 19 days, and average dose of sulphaguanidine 38 grammes.
The infection was of Sonne type in 23 cases, Flexner in 1 case, and the diagnosis was not confirmed in 6 others.

Puerperal Fever.

29 mothers, accompanied by 22 babies were discharged, the average age being 26 years, the average stay 18 days.
Treatment was by local glycerine drainage, sulphonamides and penicillin where necessary, and no deaths occurred.

Other Diseases.

Cases of other diseases included 9 erysipelas, 11 measles, 10 whooping cough, 8 mumps, 8 chicken pox, 2 pemphigus neonatorum, 1 malaria, 1 pneumonia, 2 opthalmia neonatorum, 3 poliomyelitis, 1 encephalitis, 3 rubella, 1 Vincent's angina.

STAFF.

70 Dick and Schick tests were performed, 21 members of the staff were immunised and 76 required repeated medical attention for illness.

16 examination successes were obtained by the nursing staff.

H. SELBY,

Medical Superintendent.

Classification on admission to the sanatorium.		Condition at time of discharge.	Duration of residential treatment in the sanatorium.															
			Under 3 months.			3–6 months.			6–12 months.			More than 12 months.			Totals.			Grand Totals
			M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	
PULMONARY TUBERCULOSIS.	Class T.B. minus.	Quiescent	3 (1)	2(1)	—	10(1)	10	1 (1)	6	7	4	3	4	—	22(2)	23(1)	6	54
		Not quiescent	1	2	—	1	—	—	—	2	—	—	1	—	2	5	—	7
		Died in sanatorium	2	1	—	—	—	—	—	2	—	—	—	—	2	3	—	5
	Class T.B. plus. Group I.	Quiescent	—	1	—	2	1	—	—	—	—	1	1	—	3	3	—	6
		Not quiescent	1	—	—	—	—	—	—	1	—	—	—	—	1	1	—	2
		Died in sanatorium	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Class T.B. plus. Group II.	Quiescent	1	1	—	3	1 (1)	—	13	3	—	4	2	—	21	7 (1)	—	29
		Not quiescent	5	1	—	3	3	—	13	5	—	3	5	—	24	14	—	38
		Died in sanatorium	—	—	—	1	—	—	1	—	—	1	—	—	3	—	—	3
	Class T.B. Plus. Group III.	Quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Not quiescent	—	1	—	2	2	—	7	6	—	2	1	—	11	10	—	21
		Died in sanatorium	10	4	—	2	2	—	2	1	—	—	1	—	14	8	—	22
	TOTALS (pulmonary)		24	14	—	25	20	2	42	27	4	14	15	—	105	76	6	187
NON-PULMONARY TUBERCULOSIS.	Bones and joints.	Quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Not quiescent	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1
		Died in sanatorium	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Abdominal.	Quiescent	—	—	—	—	—	1	1	—	2	—	1	—	1	1	3	5
		Not quiescent	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	1
		Died in sanatorium	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—	1
	Other organs.	Quiescent	(1)	—	—	—	—	—	—	—	—	—	—	—	(1)	—	—	1
		Not quiescent	1	1	—	1	—	—	—	—	—	—	—	—	2	1	—	3
		Died in sanatorium	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1
	Peripheral glands.	Quiescent	—	—	—	—	—	6	—	—	2	—	—	—	—	—	8	8
		Not quiescent	—	1	—	—	—	—	—	—	1	—	—	—	—	1	1	2
		Died in sanatorium	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	TOTALS (non-pulmonary)		3	3	—	1	1	7	1	—	6	—	1	—	5	5	13	23
																		13
																		223

NOTE : The following observation cases (non-tuberculous) were also discharged during the year, M.–2. F.–5. Ch.–6
In addition 3 cases admitted for observation were retained for treatment, and are included in the above table.
Figures shown in brackets are cases where the diagnosis has not been confirmed.

REPORT OF THE BLABY, HINCKLEY AND MELTON MOWBRAY ISOLATION HOSPITALS.

	Blaby		Hinckley		Melton Mowbray		Total	
	1944	Av. of years 1939–43	1944	Av. of years 1939–43	1944	Av. of years 1939–43	1944	Av. of years 1939–43
Beds provided ..	17	17	23	23	32	32	72	72
No. of cases on 1st Jan.	8	22	11	29	16	25	35	76
No. of cases admitted	163	171	230	240	215	279	608	690
No. of cases discharged	161	173	217	244	218	281	596	698
No. of cases on 31st Dec.	10	20	24	25	13	23	47	68

In the three hospitals the average number of beds occupied daily was 41, the average duration of stay in hospital was 26 days and the average age of the patients was 10 years.

Scarlet Fever.

A total of 467 patients were admitted to the scarlet fever wards, 461 were discharged and one died during the year. There were 33 patients in the wards on the 1st January and 38 on 31st December, 1944. 53 of the patients admitted and 54 of those discharged were from outside the county.

Of the 461 patients discharged 47 were adults and 414 were children. The average age was 8 years, and the average duration of treatment 29 days.

Of the cases discharged 9 (including 8 from outside the county) were found to have been suffering from chicken pox, one from jaundice, one from rubella and in two cases the diagnosis of scarlet fever had not been confirmed. One death occurred ; a boy of six years who died six days after admission.

Diphtheria.

A total of 65 patients were admitted, 53 were discharged and 5 died during the year. There was one patient in hospital on 1st January and 8 on 31st December, 1944. Four of the cases admitted and 4 of those discharged were from outside the county.

Of the 53 cases discharged 21 were adults and 32 were children ; the average age was 16 years and the average duration of treatment 20 days.

Of the cases discharged, 17 were found to have been suffering from tonsillitis, 3 from croup, 3 from scarlet fever, 2 from quinsy, 1 from an ulcerated mouth and 1 from a septic throat. In two further cases the diagnosis was not confirmed and one case was a carrier without clinical symptoms.

Four deaths occurred, 3 of whom were children, and one an adult from outside the county. One death occurred from membranous (non-diphtheritic) tonsillitis.

Cerebro-spinal Meningitis.

Fifteen patients were admitted during the year, 13 were discharged and three died. One patient was in hospital on 1st January and none on 31st December, 1944.

Of the 13 cases discharged, 4 were adults (1 from outside the county) and 9 were children.

In only 7 cases was the meningococcus isolated, and in six cases the diagnosis could not be confirmed. Of the three patients who died all were children and each case was re-diagnosed as tuberculous meningitis.

Puerperal Fever.

Six mothers accompanied by 2 babies were discharged. No deaths occurred.

Other Diseases.

Cases of other diseases included 14 erysipelas, 14 measles, 10 chicken pox, 6 rubella, 5 whooping cough with pneumonia, 2 whooping cough, 2 dysentery, 2 mumps, 2 pneumonia, 1 poliomyelitis, 1 enteritis, 1 streptococcal throat, and 1 Vincent's angina. Two deaths occurred from whooping cough with pneumonia.

ANNUAL REPORT ON VENEREAL DISEASES SCHEME.

By C. Hamilton Wilkie, M.D., Ch.B., B.Sc.(Glas.)
Director of V.D. Services.

The following is a report on the venereal diseases scheme for Leicester and Leicestershire.

The main centre is at Leicester Royal Infirmary and consists of in-patients and out-patients departments. A subsidiary centre, for out-patients only, is held at Loughborough General Hospital. Both centres are for venereal disease cases or for those patients who may suspect that they have contracted venereal disease. Patients who have other acute infections of the sex parts or who only desire tests (e.g. prior to marriage) are also dealt with.

Venereal disease specialists are in attendance at the Leicester centre on each of the first five week-days, and at the Loughborough centre each Monday evening. The special times at which the clinics are open are as follows :—

Leicester Royal Infirmary.

Males.		*Females.*	
Mon. ..	2.30 to 4 p.m.	Mon. ..	5.30 to 7 p.m.
Tues. ..	10 to 11 a.m.	Tues. ..	2.30 to 4 p.m.
Wed. ..	6 to 7.30 p.m.	Wed. ..	10 to 11 a.m.
Thur. ..	4.30 to 6 p.m.		& 2.30 to 4 p.m.
Fri. ..	5.30 to 7 p.m.	Fri. ..	2.30 to 4 p.m.

Intermediate treatment by nursing staff, under the supervision of the venereal disease specialists, is given every week-day at special times arranged to suit the individual case.

Loughborough General Hospital.

Males.		*Females.*	
Mon. ..	6 to 7 p.m.	Mon. ..	5 to 6 p.m.

Patients requiring in-patient treatment, or special intermediate treatment, are transferred to the Leicester centre.

No special letter, "recommendation," or pre-arranged appointment is necessary in order that a patient may be seen by a specialist at these clinics. I wish to emphasise this fact as patients sometimes think that an appointment is necessary as for some other departments. Patients may come direct on their own initiative or direct from a doctor. When a patient is referred to the clinic by a doctor and the doctor has sent a letter with the patient, it is understood that the doctor will have a confidential report on the case from the venereologist.

The success of a venereal disease scheme at the present day depends to a large extent on the fact being known that all cases who attend a venereal disease department have not necessarily V.D. Over fifty per cent. are found either to have a non-venereal infection or to be free of any infection. I believe that public education is certainly doing something to remove the stigma which has in the past been attached to the term "Venereal Disease Clinic." I appeal to all to help in broadening our outlook towards this particular branch of medicine.

The Leicester Centre.

The total number of cases under treatment or observation on the 1st of January, 1944, at this centre was 576. Eight cases who had been removed from the register during some previous year returned during 1944 for further treatment or observation of the same previous infection. The number of cases dealt with for the first time during the year (excluding cases transferred from other centres or from service units) totalled 1,682. The number of cases from other centres or from service hospitals was 143. The "grand total" of all the above cases came to 2,409 (1943—2,355). A detailed analysis of the above can be obtained from the official Ministry of Health Report (Form V.D. (R) (revised 1944)). I give, however, some interesting data, and make some comparisons with the previous year.

1. Of the new cases 60% were non-venereal, the remainder were cases of V.D.
2. Of the new V.D. cases, approximately 65% were acute gonorrhœal cases, 34% were syphilitic and 1% were soft sore.
3. Of the new syphilitic cases, 54% were early syphilitic cases, 40% were late syphilitic cases, and 6% were cases of congenital syphilis.
4. The new cases of gonorrhœa numbered 438, 54 less than in the previous year.
5. The new early syphilitic cases numbered 123, 34 more than in the previous year.
6. The non-venereal cases numbered 992, 6 more than in 1943.
7. The ratio of *Acute Syphilis* to *Acute Gonorrhoea* was roughly 1 to 4.

The total number of attendances for 1944 was 22,389 (1943—20,521). In-patients totalled 170 (males 44 and females 126). The aggregate number of "in-patient days" was 4,937.

The Loughborough Centre.

The total number of cases under treatment or observation on the 1st of January, 1944, at this centre was 41. The number of cases dealt with for the first time during the year (including cases transferred from other centres or from service units) was 148 (1943—144). The attendances totalled 1,158 (1943—882). Microscopic tests totalled 4 for syphilis and 344 for gonorrhœa. Serum tests numbered 173.

The City General Hospital.

The usual consultative visits to this hospital were made during the year. All cases in this hospital that are suspected of having V.D. are seen by the Director of V.D. Services.

Education.

During the year I had the honour of taking part in the production of the latest Ministry of Information sound film on Venereal Diseases. The title of this new film is "Subject Discussed." The three chief characters in the film are Commander Campbell of the Brains Trust, Dr. Joan McMichael, and myself. The V.D. Department shown in the film is that of Leicester Royal Infirmary. It is hoped that this film will have a wide distribution throughout the country and that it will play a big part in the education of the public on the dangers of venereal diseases.

During the year I personally gave the following lectures accompanied by lantern demonstrations :—

16/2/44	To British Red Cross Society (St. Stephen's Lecture Hall) (female audience only).
1/3/44	To First Aid Post (St. Margaret's) (males).
8/3/44	To First Aid Post (St. Margaret's) (females).
13/3/44	To members of the Leicester & District Branch of the Incorporated Dental Society. (This was entitled "Venereal Diseases in Relation to Dentistry".)
28/3/44	To representatives of the firm of Boots Pure Drug Co., Ltd., Nottingham.
30/3/44	To nurses of the Leicester District Nursing Association.
16/4/44	To members of the South Leicester Working Men's Club.
4/5/44	To workpeople of the Power Jets Limited (males).
4/5/44	To workpeople of the Power Jets Limited (females).

In addition the usual teaching lectures to the nurses of the Leicester Royal Infirmary were given.

Treatment.

The sulphonamides and penicillin now play a large part in the modern treatment of gonorrhœa and early syphilis. At the same time the somewhat sensational results recorded in the press are not always met with in reality. Years are necessary to assess their real value and relapses are met with. Evidence shows that few general practitioners in the area treat venereal disease cases. Most send their cases to the clinic. I should like to make an appeal to the few who do treat venereal disease not to commence any method of treatment until a definite microscopic or serum confirmation of the diagnosis has been obtained. Treatment prior to tests or without even proof of infection may mask or delay the important problem of diagnosis. A diagnosis of venereal disease is a serious thing and may lead to domestic tragedy. Legal proof of V.D. may be required at some later date and demands very thorough tests by the expert. The non-venereal infection is common, and is sometimes difficult to clear up and it may closely simulate the venereal diseases. Equally important is a thorough series of tests to make certain that the patient is definitely cured.

Diagnosis.	PULMONARY.				NON-PULMONARY.				TOTAL.				GRAND TOTAL
	Adults		Children		Adults		Children		Adults		Children		
	M	F	M	F	M	F	M	F	M	F	M	F	
A—(1) Number of definite cases of tuberculosis on the dispensary register at the beginning of the year	584	529	74	78	74	87	128	111	658	616	202	189	1665
(2) Transfers from other authorities during the year	10	13	1	....	....	....	....	....	10	13	1	....	24
(3) Lost sight of cases returned during the year	....	....	....	....	....	....	....	....	....	....	....	....	....
B—Number of NEW CASES diagnosed as tuberculosis during the year—													
(1) Class T.B. minus	54	61	5	4	....	....	....	....	54	61	5	4	124
(2) Class T.B. plus	38	38	....	1	....	....	....	....	38	38	....	1	77
(3) Non-pulmonary	....	....	....	....	17	16	13	8	17	16	13	8	54
C—Number of cases included in A. and B. written off the dispensary register during the year as:—													
(1) Recovered	6	3	....	1	1	1	1	....	7	4	1	1	13
(2) Dead (all causes)	48	43	1	1	4	7	....	....	52	50	1	1	104
(3) Removed to other areas	13	16	....	....	1	2	1	....	14	18	1	....	33
(4) For other reasons	1	4	1	....	....	1	4	1	1	5	5	1	12
D—Number of definite cases of tuberculosis on the dispensary register at the end of the year	618	575	78	81	85	92	135	118	703	667	213	199	1782

T.B. 2.—SANATORIA, HOSPITALS, AND OTHER RESIDENTIAL INSTITUTIONS FOR THE TREATMENT OF TUBERCULOSIS, YEAR 1944.

Name and Situation of Institution. (1)	Class of Case and No. of Beds. (2)	Number of patients sent by the Council who were under treatment on the 31st, Dec., 1943. (3)	Number of patients sent by the Council during the year ended 31st December, 1944. (4)	Number of patients sent by the Council who were discharged or died in the Institution during the year ended 31st December, 1944 (5)	Total number of days during which the patients referred to in column 5 were resident in the Institution. (6)	Average number of days which the patients referred to in column 5 were resident in the Institution. (7)	Number of patients sent by the Council who were under treatment on the 31st December, 1944. (8)
County Sanatorium, Markfield.	Male Adults (58 beds) P	68	104	109	22,441	206	63
	Female Adults (58 beds) P	48	80	80	16,441	206	48
	Children (22 beds) P	7	9	11	1,934	176	5
	Male Adults NP	1	6	4	316	79	3
	Female Adults NP	1	8	6	950	158	3
	Children NP	4	16	13	2,209	170	7
City General Hospital, Leicester.	Male Adults NP	1	9	10	543	54	—
	Female Adults NP	4	3	6	1,742	290	1
	Children NP	5	8	10	2,000	200	3
Children's Hospital, Gringley on the Hill.	Male Adults NP	1	—	—	—	—	1
	Children NP	2	—	1	226	226	1
Harlow Wood Orthopædic Hospital, Mansfield, Nottinghamshire.	Male Adults NP	—	2	—	—	—	2
	Female Adults NP	1	—	1	561	561	—
	Children NP	4	1	4	1,406	351	1
Warwickshire Orthopædic Hospital, Coleshill.	Children NP	7	5	3	1,916	638	9
Papworth Village Settlement.	Male Adults P	—	1	1	18	18	—
Preston Hall Sanatorium.	Male Adults P	—	2	2	33	16	—
Morland Hall Clinic.	Male Adults NP	—	1	—	—	—	1
Brompton Chest Hospital.	Female Adults P	—	1	—	—	—	1
	TOTALS	154	256	261	52,736	202	149

P—Pulmonary Tuberculosis. NP—Non-pulmonary Tuberculosis.

T.B. 3.—Return shewing the immediate results of treatment of patients discharged from Residential Institutions during the year 1944.

Classification on admission to Institution.		Condition at time of discharge.	Duration of Residential Treatment in the Institution.												Total
			Under 3 months but exceeding 28 days			3—6 months			6—12 months			More than 12 months			
			M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	
PULMONARY TUBERCULOSIS.	Class T.B. minus.	Quiescent	2	3	—	10	9	1	13	7	4	4	4	—	57
		Not quiescent	2	—	—	5	—	—	5	3	1	2	5	—	23
		Died in Institution	2	4	—	—	1	—	2	2	—	1	—	—	12
	Class T.B. plus Group 1.	Quiescent	—	—	—	—	—	—	1	—	—	—	1	—	2
		Not quiescent	—	—	—	—	—	—	—	1	—	—	—	—	1
		Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—
	Class T.B. plus Group 2.	Quiescent	1	1	—	3	4	—	7	2	—	4	1	—	23
		Not quiescent	3	—	—	3	6	—	11	6	—	3	3	—	35
		Died in Institution	2	—	—	1	—	—	1	—	—	—	1	—	5
	Class T.B. plus Group 3.	Quiescent	—	—	—	1	—	—	—	—	—	—	—	—	1
		Not quiescent	—	1	—	—	—	—	3	2	—	—	—	—	6
		Died in Institution	—	—	—	2	1	—	—	—	—	—	—	—	3

Cases Discharged under 28 Days	14
Cases Died under 28 Days	2
Observation cases discharged Non-Tuberculous	19
	203

Non-Pulmonary Tuberculosis.

Bones and Joints :—	Quiescent	—
	Not Quiescent	32
	Died	2
Abdominal :—	Quiescent	5
	Not Quiescent	2
	Died	3
Other Organs :—	Quiescent	1
	Not Quiescent	—
	Died	1
Peripheral Glands :—	Quiescent	8
	Not Quiescent	2
	Died	—
Observation cases		2
		58

T.B. 4. TUBERCULOSIS (Pulmonary and Other).

Year		Number of Notifications.			Number of Deaths.			Death Rate.		
		Urban	Rural	Whole County	Urban	Rural	Whole County	Urban	Rural	Whole County
1939	Lungs	89	87	176	59	53	112	0.41	0.32	0.36
	Other	36	36	72	14	15	29	0.10	0.09	0.09
1940	Lungs	113	91	204	88	74	162	0.59	0.45	0.52
	Other	51	48	99	25	14	39	0.17	0.09	0.13
1941	Lungs	102	114	216	79	90	169	0.51	0.52	0.51
	Other	59	31	90	19	11	30	0.13	0.06	0.09
1942	Lungs	100	133	233	61	64	125	0.41	0.38	0.39
	Other	69	53	122	23	17	40	0.15	0.10	0.13
1943	Lungs	91	91	182	75	79	154	0.51	0.48	0.49
	Other	59	59	118	11	18	29	0.07	0.11	0.09
Average for above 5 years.	Lungs	99	103	202	72	72	144	0.49	0.43	0.45
	Other	55	45	100	18	15	33	0.12	0.09	0.11
1944	Lungs	99	74	173	52	61	113	0.36	0.37	0.36
	Other	42	33	75	24	13	37	0.16	0.08	0.12

T.B. 5. TUBERCULOSIS :—Notifications and Deaths.

Shewing Age Periods.

AGE PERIODS.	NEW CASES.				DEATHS.			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	Males	Females	Males	Females	Males	Females	Males	Females
0 to 1	—	— ^{1}	— ^{1}	—	—	—	1	1
1 to 5	2 ^{2}	1	9 ^{3}	4 ^{2}	—	—	8	3
5 to 15	7 ^{3}	3 ^{2}	18 ^{3}	19 ^{3}	—	—	4	3
15 to 45	59 ^{22}	64 ^{13}	9 ^{1}	11 ^{8}	30	39	4	11
45 to 65	24 ^{11}	9 ^{6}	3 ^{1}	1	30	11	2	—
65 and upwards....	1 ^{2}	3 ^{1}	— ^{1}	1	3	—	—	—
Total	93 ^{40}	80 ^{23}	39 ^{10}	36 ^{13}	63	50	19	18

Note.—The figures in small type show additional cases which came to the notice of the County M.O.H. other than by formal notification.

T.B. 6.

	District.	Estimated Population Mid-Year.	NOTIFICATIONS OF TUBERCULOSIS.				DEATHS FROM TUBERCULOSIS.			
			Pulmonary	Attack Rate.	Non-Pulmonary.	Attack Rate.	Pulmonary.	Death Rate.	Non-Pulmonary.	Death Rate.
URBAN.	Ashby-de-la-Zouch	5868	2	.35	—	—	—	—	—	—
	Ashby Woulds	3012	2	.66	1	.33	—	—	—	—
	Coalville	23850	18	.75	12	.50	14	.59	7	.29
	Hinckley	34430	35	1.02	14	.41	10	.29	6	.17
	Loughborough	33150	12	.36	2	.06	13	.39	2	.06
	Market Harborough	9972	9	.90	2	.20	3	.30	3	.30
	Melton Mowbray	11800	2	.17	7	.59	5	.42	2	.17
	Oadby	5381	5	.93	—	—	—	—	—	—
	Shepshed	5567	3	.54	3	.54	3	.54	1	.18
	Wigston Magna	13290	11	.83	1	.08	4	.30	3	.23
	TOTALS	146320	99	.68	42	.29	52	.36	24	.16
RURAL.	Ashby-de-la-Zouch	12930	8	.62	9	.70	4	.31	—	—
	Barrow-on-Soar	41030	26	.63	7	.17	23	.56	3	.07
	Billesdon	6786	—	—	—	—	3	.44	—	—
	Blaby	35520	16	.45	5	.14	11	.31	2	.06
	Castle Donington	8114	3	.37	4	.49	2	.25	1	.12
	Lutterworth	11050	4	.36	4	.36	4	.36	3	.27
	Market Bosworth	23290	5	.21	3	.13	10	.43	3	.13
	Market Harborough	9110	4	.44	—	—	3	.33	—	—
	Melton and Belvoir	16230	8	.49	1	.06	1	.06	1	.06
	TOTALS	164060	74	.45	33	.20	61	.37	13	.08

TABLE 1.—VITAL STATISTICS.

	LEICESTERSHIRE COUNTY, 1944						ENGLAND AND WALES.		
	Urban		Rural		Whole County				
Population (Est. mid-year, 1944)	146,320		164,060		310,380				
	No.	Rates	No.	Rates	No.	Rates	Rates		
Live births	3120	21.33	3416	20.82	6536	21.06	17.6		
Deaths (all causes and all ages)	1608	11.00	1862	11.35	3470	11.18	11.6		
* ,, (under one year)	123	*39.4	122	*35.7	245	*37.5	*46		
Deaths from :—									
Measles	—	—	—	—	—	—	0.01		
Whooping cough	6	0.04	4	0.02	10	0.03	0.03		
Diphtheria	3	0.02	—	—	3	0.01	0.02		
Scarlet fever	1	0.01	—	—	1	0.003	0.00		
*Diarrhœa (under 2 yrs.)	16	*5.13	8	*2.34	24	*3.67	*4.8		
							Percentages of total deaths.		
The seven chief causes of death were :—							Urban	Rural	Wh'le C'nty
Heart disease	404	2.76	480	2.93	884	2.85	25.1	25.8	25.5
Cancer	236	1.61	279	1.70	515	1.66	14.7	15.0	14.8
Intra-cranial vascular lesions	194	1.33	219	1.33	413	1.33	12.1	11.8	11.9
Bronchitis	106	0.72	90	0.55	196	0.63	6.6	4.8	5.6
Phthisis	52	0.36	61	0.37	113	0.36	3.2	3.3	3.3
Pneumonia	53	0.36	50	0.30	103	0.33	3.3	2.7	3.0
Nephritis	28	0.19	58	0.35	86	0.28	1.7	3.1	2.5

NOTE.—The rates are calculated per thousand of the population, except where marked (*) which are per thousand registered births.

TABLE 2.—BIRTH-RATES, CIVILIAN DEATH-RATES, ANALYSIS OF MORTALITY, MATERNAL MORTALITY AND CASE RATES FOR CERTAIN INFECTIOUS DISEASES IN THE YEAR 1944.

Provisional figures based on Weekly and Quarterly Returns.

England and Wales, 126 County Boroughs and Great Towns including London, and 148 Smaller Towns with Resident Population 25,000 to 50,000 at 1931 Census.

—	Rates per 1,000 Civilian Population.		Death-rates per 1,000 Civilian Population.								Notification rates per 1,000 Civilian Population.										Rates per 1,000 Live Births.	
	Live Births.	Still-Births.	All Causes.	Typhoid and Paratyphoid Fevers.	Scarlet Fever	Whooping Cough.	Diphtheria.	Influenza.	Smallpox.	Measles.	Typhoid Fever.	Paratyphoid Fever.	Cerebro-Spinal Fever	Scarlet Fever.	Whooping Cough.	Diphtheria.	Erysipelas.	Smallpox.	Measles	Pneumonia.	Deaths from Diarrhoea and Enteritis under two years of age.	Total Deaths under one year of age.
England and Wales	17.6	0.50	11.6	0.00	0.00	0.03	0.02	0.12	0.00	0.01	0.01	0.01	0.05	2.40	2.49	0.58	0.29	0.00	4.16	0.97	4.8	46
126 County Boroughs and Great Towns, including London	20.3	0.64	13.7	0.00	0.00	0.03	0.03	0.10	—	0.01	0.01	0.00	0.06	2.41	2.49	0.67	0.32	0.00	4.51	1.13	7.3	52
148 Smaller Towns (Resident Population 25,000 to 50,000 at 1931 census)	20.9	0.61	12.4	0.00	0.00	0.02	0.03	0.11	—	0.01	0.01	0.01	0.04	2.67	2.29	0.69	0.28	0.00	3.94	0.82	4.4	44
London Administrative County	15.0	0.42	15.7	0.00	0.00	0.04	0.01	0.08	—	0.00	0.01	0.01	0.06	1.57	2.90	0.31	0.37	0.00	2.98	0.93	10.1	61
Leicestershire Administrative County	21.06	0.57	11.18	—	0.00	0.03	0.01	0.09	—	—	—	—	0.06	2.56	2.72	0.20	0.29	—	1.98	1.06	3.7	37

	Deaths from Puerperal causes				
	No. 140 Abortion with sepsis	No. 147 Abortion without sepsis	No. 147 Puerperal Infections	Nos. 142-6 148-150 Others	Total
Maternal Mortality Rates for England and Wales : Per 1,000 total births (live and still)	0.31	0.09	0.28	1.25	1.93
Maternal Mortality Rate for Leicestershire	—	—	0.74	1.33	2.07
Abortion : Mortality Rate per million women aged 15—45 for England and Wales : Per 1,000 births (live and still)	25	7	—	—	32

Notification Rates per 1,000 total births (live and still) :	Puerperal Pyrexia and Puerperal Fever.
England and Wales	10.34
126 County Boroughs and Great Towns, including London	13.13
148 Smaller Towns (Estimated Resident Population 25,000 to 50,000 at 1931 Census)	

TABLE 3.—NOTIFIABLE DISEASES.

(Civilians only.)

DISEASE.	Total Cases (original notifications)	Total Cases (corrected notifications)	Admissions to Isolation Hospital (uncorrected diagnoses)	Total Deaths.
Scarlet fever	805	793	605	1
Diphtheria	89	61	122	3
Whooping cough	848	844	15	10
Measles	615	618	10	—
Acute poliomyelitis	2	2	4	—
Acute polioencephalitis	1	1	—	2
Enteric or typhoid fever	—	—	4	—
Para-typhoid fever	—	—	—	—
Acute pneumonia	328	329	—	103
Dysentery	31	31	12	—
Cerebro-spinal fever	32	18	44	3
Acute encephalitis lethargica	1	1	—	—
Erysipelas	86	87	23	—
Smallpox	—	—	—	—
Puerperal pyrexia	42	37	28	5
Opthalmia neonatorum	12	12	—	—
Chicken-pox	17	17	5	—
Membranous croup	2	2	—	—

TABLE 4.—CORRECTED NOTIFICATIONS OF INFECTIOUS DISEASES IN AGE GROUPS.

DISEASE.	Age Groups (Years).								Totals.
	0–	1–	3–	5–	10–	15–	25 and over	Age unknown	
Scarlet fever	3	53	114	414	111	46	39	13	793
Diphtheria	1	4	8	19	14	8	7	—	61
Whooping cough	84	226	201	282	36	—	8	7	844
Measles (excluding rubella)	22	111	146	292	21	17	9	—	618
Acute poliomyelitis	—	1	—	—	1	—	—	—	2
Acute polioencephalitis	—	—	—	—	—	1	—	—	1

DISEASE.	Age Groups (Years).						Totals.
	0–	5–	15–	45–	65 and over	Age unknown	
Enteric or typhoid fever	—	—	—	—	—	—	—
Paratyphoid fever	—	—	—	—	—	—	—
Acute pneumonia	78	51	76	88	31	5	329
Dysentery	5	13	9	2	—	2	31
Cerebro-spinal fever	7	6	4	1	—	—	18
Acute encephalitis lethargica	—	—	1	—	—	—	1
Erysipelas	2	2	22	38	16	7	87
Smallpox	—	—	—	—	—	—	—

DISEASE.	Age group not stated.
Puerperal pyrexia	37
Ophthalmia neonatorum	12
Chicken-pox	17
Membranous croup	2

TABLE 5.—CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY OF LEICESTER, 1944.

CAUSES OF DEATH.	Sex.	AGGREGATE OF URBAN DISTRICTS.							AGGREGATE OF RURAL DISTRICTS.						
		All Ages.	0—	1—	5—	15—	45—	65—	All Ages.	0—	1—	5—	15—	45—	65—
ALL CAUSES....	M	833	69	15	16	67	209	457	959	71	17	9	89	232	541
	F	775	54	12	8	77	143	481	903	51	9	10	84	181	568
1. Typhoid and paratyphoid fevers	M	....	....	....	....	....	....	....	....	....	....	....	....	....	....
	F	....	....	....	....	....	....	....	....	....	....	....	....	....	....
2. Cerebro-spinal fever	M	1	....	1	....	....	....	....	2	....	2	....	....	....	....
	F	....	....	....	....	....	....	....	....	....	....	....	....	....	....
3. Scarlet fever	M	1	....	1	....	....	....	....	....	....	....	....	....	....	....
	F	....	....	....	....	....	....	....	....	....	....	....	....	....	....
4. Whooping cough	M	2	1	1	....	....	....	....	....	....	....	....	....	....	....
	F	4	2	2	....	....	....	....	4	2	2	....	....	....	....
5. Diphtheria	M	1	....	1	....	....	....	....	....	....	....	....	....	....	....
	F	2	....	1	1	....	....	....	....	....	....	....	....	....	....
6. Tuberculosis of resp. system	M	28	....	....	....	14	12	2	35	....	....	....	16	18	1
	F	34	....	....	....	19	5	....	26	....	....	....	20	6	....
7. Other forms of tuberculosis	M	11	1	3	4	1	2	....	8	....	5	....	3	....	....
	F	13	1	2	2	8	....	....	5	....	1	1	3	....	....
8. Syphilitic diseases	M	6	....	....	....	1	5	....	1	....	....	....	....	1	....
	F	3	....	....	....	1	1	1	1	....	....	....	....	1	....
9. Influenza	M	4	....	....	....	....	2	2	10	....	....	....	1	1	8
	F	5	1	....	....	....	1	3	10	....	....	....	....	2	8
10. Measles	M	....	....	....	....	....	....	....	....	....	....	....	....	....	....
	F	....	....	....	....	....	....	....	....	....	....	....	....	....	....
11. Ac. polio-myel. and polio-*encephalitis*	M	....	....	....	....	....	....	....	....	....	....	....	....	....	....
	F	....	....	....	....	....	....	....	....	....	....	....	....	....	....
12. Ac. inf. encephalitis	M	1	....	....	....	1	....	....	....	....	....	....	....	....	....
	F	....	....	....	....	....	....	....	1	....	....	....	1	....	....
13. Cancer of buc. cav. & œsoph. (M) uterus (F)	M	11	....	....	....	....	2	9	19	....	....	....	....	8	11
	F	10	....	....	....	1	5	4	15	....	....	....	....	7	8
14. Cancer of stomach and duodenum	M	29	....	....	....	1	14	14	30	....	....	....	3	14	13
	F	16	....	....	....	....	6	10	23	....	....	....	1	6	16
15. Cancer of breast	M	....	....	....	....	....	....	....	....	....	....	....	....	....	....
	F	28	....	....	....	5	8	15	24	....	....	....	3	13	8
16. Cancer of all other sites	M	87	1	1	1	7	30	47	88	1	....	....	4	38	45
	F	55	....	....	....	5	20	30	80	1	....	....	6	26	47
17. Diabetes	M	8	....	....	....	....	3	5	7	....	....	1	....	....	6
	F	9	....	....	....	1	....	8	8	....	....	....	2	1	5
18. Intra-cranial vascular lesions	M	99	....	....	....	1	22	76	86	....	....	....	1	18	67
	F	95	....	....	....	....	18	77	113	....	....	....	1	31	101
19. Heart disease	M	191	....	....	1	5	52	133	256	....	....	....	12	54	190
	F	213	....	....	....	9	42	162	224	....	....	1	10	32	181
20. Other dis. of circ. system	M	17	....	....	....	1	3	13	24	....	....	....	....	5	19
	F	18	....	....	....	2	3	13	26	....	....	....	2	2	22
21. Bronchitis	M	56	3	....	....	....	13	40	52	4	2	....	....	6	40
	F	50	3	1	....	1	6	39	38	2	....	....	2	5	29
22. Pneumonia	M	35	12	2	1	3	7	10	23	6	1	....	....	9	7
	F	18	7	3	1	....	4	3	27	10	...	....	3	2	12
23. Other resp. diseases	M	15	....	1	....	6	4	4	12	....	....	....	....	6	6
	F	6	....	....	....	1	1	4	9	....	....	....	1	7	1
24. Ulcer of stomach or duodenum	M	22	....	....	....	2	11	9	14	....	....	....	3	6	5
	F	....	....	....	....	....	....	....	5	....	...	....	....	....	5
25. Diarrhœa under 2 years	M	10	10	....	....	....	....	....	8	8	....	....	....	....	....
	F	6	5	1	....	....	....	....	....	....	....	....	....	....	....
26. Appendicitis	M	8	....	....	4	2	1	1	7	....	....	1	4	1	1
	F	3	....	....	....	....	2	1	4	....	....	1	1	2	....
27. Other digestive diseases	M	14	1	....	....	1	6	6	16	3	....	....	....	5	8
	F	14	....	....	1	....	5	8	26	1	....	....	2	9	14
28. Nephritis	M	15	....	....	....	2	3	10	30	....	....	....	5	10	15
	F	13	....	....	....	2	3	8	28	....	....	....	4	2	22
29. Puer. & post-abort. sepsis....	M	....	....	....	....	....	....	....	....	....	....	....	....	....	....
	F	3	....	....	....	3	....	....	2	....	....	....	2	....	....
30. Other maternal causes	M	....	....	....	....	....	....	....	....	....	....	....	....	....	....
	F	4	....	....	....	4	....	....	5	....	....	....	4	1	....
31. Premature birth	M	14	14	....	....	....	....	....	19	19	....	....	....	....	....
	F	13	13	....	....	....	....	....	14	14	....	....	....	....	....
32. Con. mal. birth inj. infant diseases	M	26	24	2	....	....	....	....	25	21	....	1	....	2	1
	F	18	16	1	1	....	....	....	20	18	....	....	....	2	....
33. Suicide	M	5	....	....	....	2	3	....	9	....	....	....	3	3	3
	F	5	....	....	....	3	....	2	7	....	....	....	2	4	1
34. Road traffic accidents	M	6	....	....	1	4	1	....	17	....	2	2	5	6	2
	F	1	....	....	....	....	1	....	10	....	1	4	4	1	....
35. Other violent causes	M	19	1	1	2	4	2	9	50	3	4	2	20	10	11
	F	15	2	....	1	....	2	10	16	2	2	....	2	4	6
36. All other causes	M	91	1	1	2	9	11	67	111	6	1	2	9	11	82
	F	111	4	1	1	12	10	83	112	1	3	3	8	15	82

TABLE 6.

CAUSES OF DEATH IN ADMINISTRATIVE AREAS.

Causes of Death.	Ashby-de-la Zouch U.D.		Ashby Woulds U.D.		Coalville U.D.		Hinckley U.D.		Loughborough M.B.		Market Harborough U.D.		Melton Mowbray U.D.		Oadby U.D.		Shepshed U.D.		Wigston U.D.		Ashby-de-la Zouch R.D.		Barrow-upon-Soar R.D.		Billesdon R.D.		Blaby R.D.		Castle Donington R.D.		Lutterworth R.D.		Market Bosworth R.D.		Market Harborough R.D.		Melton & Belvoir R.D.		Totals. U.D.'s		Totals. R.D.'s		Totals. Whole County.
Civilians only.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
ALL CAUSES.	32	31	16	13	130	124	171	164	192	171	61	66	81	71	28	27	35	35	87	73	75	75	232	229	41	39	177	176	57	48	74	56	145	104	48	59	110	117	833	775	959	903	3470
1 Typhoid and paratyphoid fevers	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
2 Cerebro-spinal fever	....	....	....	....	....	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	1	....	....	....	....	....	....	....	....	....	....	....	1	....	....	....	....	....	1	....	2	....	3
3 Scarlet fever	....	...	....	....	....	....	....	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	1	....	....	....	1
4 Whooping cough	....	....	....	1	....	....	1	1	....	1	....	....	1	1	....	....	....	....	....	....	....	....	....	....	....	....	....	1	....	....	...	....	....	1	....	....	....	2	2	4	....	4	10
5 Diphtheria	....	....	....	....	....	....	1	2	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	...	....	....	....	....	....	....	....	....	....	....	1	2	....	....	3
6 Tuberculosis of respiratory system	....	....	....	....	7	7	6	4	6	7	1	2	3	2	....	....	2	1	3	1	....	4	13	10	2	1	7	4	1	1	3	1	8	2	1	2	....	1	28	24	35	26	113
7 Other forms of tuberculosis	....	...	....	....	4	3	2	4	1	1	1	2	1	1	....	....	1	....	1	2	....	....	1	2	....	....	....	2	1	....	3	....	3	....	....	....	....	1	11	13	8	5	37
8 Syphilitic diseases	....	1	....	....	....	....	3	1	1	....	....	....	1	....	....	....	....	....	1	1	....	....	....	1	....	....	....	....	....	....	....	....	1	....	....	....	....	....	6	3	1	1	11
9 Influenza	....	....	....	1	2	2	....	....	1	1	....	1	....	....	....	....	....	....	1	....	1	2	2	5	1	....	1	2	2	....	1	....	....	....	2	....	....	1	4	5	10	10	29
10 Measles	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
11 Acnte polio-myelitis and polio-encephalitis	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
12 Acute infectious encephalitis	....	....	....	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	1	....	....	....	....	....	....	....	....	....	....	1	....	....	1	2
13 Cancer of b. cav. & œsoph (M) uterus (F)	....	....	....	....	1	....	5	2	4	2	....	2	1	2	....	....	....	....	....	2	3	1	5	5	1	2	2	2	....	....	4	2	2	....	....	1	2	2	11	10	19	15	55
14 Cancer of stomach & duodenum	2	....	....	1	4	1	8	4	4	2	1	1	3	3	3	2	1	1	3	1	6	2	6	4	....	....	9	7	1	1	1	1	1	4	....	3	6	1	29	16	30	23	98
15 Cancer of breast	....	1	....	1	....	3	....	4	....	2	....	4	....	4	....	2	....	4	....	3	....	....	....	9	....	....	....	11	....	....	....	....	....	3	....	....	....	1	....	28	....	24	52
16 Cancer of all other sites	5	5	3	1	11	5	16	11	20	9	7	9	7	5	2	1	5	2	11	7	2	6	24	21	3	7	17	16	8	3	6	4	17	8	3	4	8	11	87	55	88	80	310
17 Diabetes	....	....	....	....	3	2	....	....	2	2	....	1	....	1	....	....	....	....	3	3	....	....	2	2	....	....	2	1	....	....	1	....	1	1	....	1	1	3	8	9	7	8	32
18 Intra-cranial vasc. lesions	6	2	2	....	9	17	27	24	21	25	5	4	6	5	5	3	7	4	11	11	6	9	19	35	3	5	19	28	2	9	7	10	10	16	6	5	14	16	99	95	86	133	413
19 Heart disease	8	11	4	3	30	35	39	45	50	47	9	17	28	23	4	9	3	7	16	16	21	20	54	50	12	8	48	31	18	14	26	18	34	24	17	22	26	37	191	213	256	224	884
20 Other circulatory diseases	2	2	1	1	....	1	4	4	7	4	1	2	1	2	....	1	....	1	1	....	2	2	6	2	....	5	6	6	2	2	....	3	5	3	2	1	1	2	17	18	24	26	85
21 Bronchitis	1	2	1	....	11	8	11	6	14	19	7	6	2	2	1	3	1	1	7	3	5	6	16	8	1	2	8	5	3	2	3	1	9	7	1	3	6	4	56	50	52	38	196
22 Pneumonia	1	....	....	1	8	3	4	2	10	4	5	....	2	5	....	1	4	3	1	....	1	1	9	4	1	1	3	4	3	4	1	3	3	3	....	1	2	6	35	18	23	27	103
23 Other respiratory diseases	....	....	....	....	3	....	3	3	4	....	1	2	....	1	3	....	1	....	....	....	....	2	6	3	1	....	1	3	....	....	....	....	1	1	....	....	3	....	15	6	12	9	42
24 Ulcer of stomach or duodenum	2	....	....	....	3	....	1	....	8	....	3	....	3	....	....	....	1	....	1	....	1	....	3	2	2	....	2	1	....	....	....	....	3	1	....	....	3	1	22	....	14	5	41
25 Diarrhœa under 2 years	....	....	....	....	4	....	1	....	1	3	....	1	....	....	1	....	1	....	2	2	2	....	3	....	....	....	1	....	1	....	....	....	1	....	....	....	....	....	10	6	8	....	24
26 Appendicitis	1	....	....	....	....	....	1	1	2	1	1	1	2	....	....	....	....	....	1	....	....	....	2	....	1	1	....	....	1	....	....	....	2	2	1	....	....	1	8	3	7	4	22
27 Other digestive diseases	....	1	....	....	2	1	2	5	3	2	2	1	3	....	....	....	....	....	2	2	....	2	4	5	....	....	3	5	1	3	3	2	3	3	....	2	2	4	14	14	16	26	70
28 Nephritis	....	1	2	....	2	1	1	1	1	4	2	....	1	2	1	1	....	2	5	2	3	1	8	15	2	1	7	3	2	1	....	1	5	1	2	2	1	3	15	13	30	28	86
29 Puer. & post-abort. sepsis	....	....	....	....	....	2	....	....	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	2	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	3	....	2	5
30 Other maternal causes	....	....	....	....	....	....	....	1	....	....	....	....	....	....	....	1	....	....	....	2	....	1	....	1	....	....	....	1	....	....	....	....	....	1	....	....	....	1	....	4	....	5	9
31 Premature birth	1	....	....	1	3	4	3	....	3	4	2	3	....	....	1	....	....	....	1	1	1	1	4	5	2	....	3	3	....	2	2	....	3	3	....	....	4	....	14	13	19	14	60
32 Con. mal. birth inj. infant dis.	....	....	....	....	3	6	7	3	4	3	2	....	4	4	1	....	2	....	3	2	1	3	5	3	1	....	5	8	2	2	3	1	3	2	2	1	3	....	26	18	25	20	89
33 Suicide	....	....	....	....	1	1	...	2	....	1	1	1	....	....	1	....	1	....	1	....	3	....	1	2	....	....	2	2	....	....	....	....	1	....	....	1	2	2	5	5	9	7	26
34 Road traffic accidents	....	....	....	....	1	....	1	1	1	....	....	....	....	....	1	....	1	....	1	....	2	1	4	4	....	....	4	1	1	....	1	1	4	1	....	2	1	....	6	1	17	10	34
35 Other violent causes	....	....	....	...	3	2	4	2	5	5	3	....	2	....	....	1	1	3	1	2	9	1	10	3	1	1	6	7	3	....	3	....	8	2	1	....	9	2	19	15	50	16	100
36 All other causes	3	5	3	2	14	20	19	31	18	21	7	6	10	8	4	2	3	6	10	10	5	10	25	26	7	5	21	21	5	4	6	8	16	15	10	8	16	15	91	111	111	112	425
Deaths of Infants under 1 year:—																																											
Total	2	....	....	1	15	13	15	6	13	14	4	5	6	7	4	....	4	2	6	6	4	7	20	12	4	....	11	14	6	7	7	1	10	5	1	2	8	3	69	54	71	51	245
Legitimate	2	....	....	1	14	12	15	5	10	12	4	5	6	5	4	....	4	2	4	6	3	7	19	12	3	....	11	13	6	7	7	1	9	5	1	2	8	3	63	48	67	50	228
Illegitimate	....	....	....	....	1	1	....	1	3	2	....	....	....	2	....	....	....	....	2	....	1	....	1	....	1	....	....	1	....	....	....	....	1	....	....	....	....	....	6	6	4	1	17
Live Births:—																																											
Total	57	55	27	23	282	245	391	362	317	344	99	101	138	140	55	59	66	44	163	152	123	115	424	415	76	72	381	353	95	86	133	99	251	254	94	87	196	162	1595	1525	1773	1643	6536
Legitimate	54	51	27	22	274	233	368	330	290	323	93	94	128	128	53	54	65	41	151	147	114	109	399	396	68	68	363	343	85	75	128	87	243	247	89	78	177	156	1503	1423	1666	1559	6151
Illegitimate	3	4	....	1	8	12	23	32	27	21	6	7	10	12	2	5	1	3	12	5	9	6	25	19	8	4	18	10	10	11	5	12	8	7	5	9	19	6	92	102	107	84	385
Still-Births:—																																											
Total	1	....	....	....	8	7	16	11	8	9	....	3	6	3	....	....	1	....	6	9	4	3	10	18	....	1	2	17	3	1	2	5	4	10	1	2	4	2	46	42	30	59	177
Legitimate	1	....	....	....	7	7	15	8	7	8	....	2	5	1	....	....	1	....	5	7	4	3	10	17	....	1	2	15	3	1	2	4	3	10	1	2	2	1	41	33	27	54	155
Illegitimate	....	....	....	....	1	....	1	3	1	1	....	1	1	2	....	....	....	....	1	2	....	....	....	1	....	....	....	2	....	....	....	1	1	....	....	....	2	1	5	9	3	5	22
ESTIMATED POPULATIONS	5868		3012		23850		34430		33150		9972		11800		5381		5567		13290		12930		41030		6786		35520		8114		11050		23290		9110		16230		146320		164060		310380

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